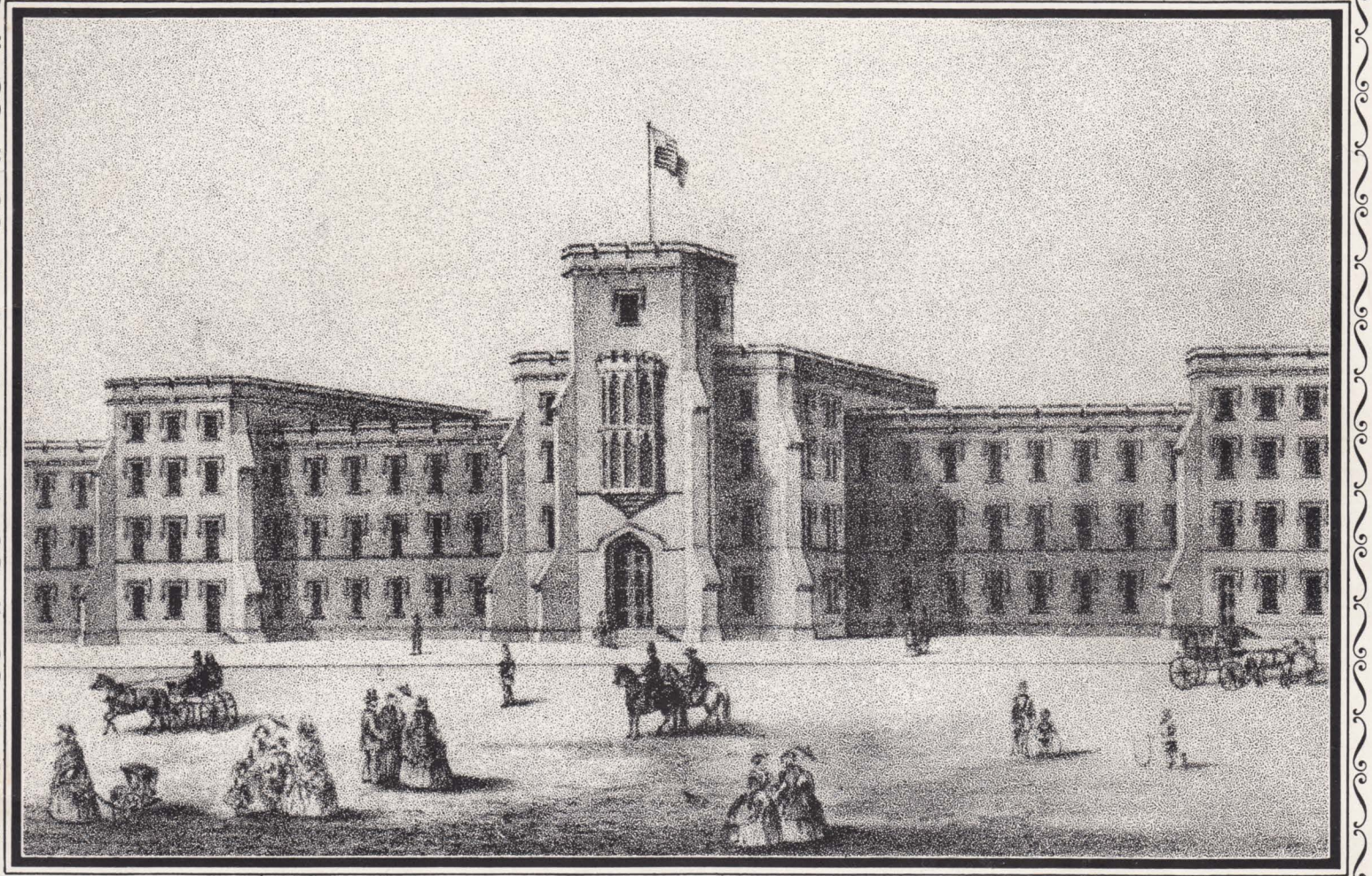
VOLUME VI NUMBER V

Mental Hospitals



THE GOVERNMENT HOSPITAL FOR THE INSANE, WASHINGTON, D. C.

PUBLISHED BY

THE ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE

1855

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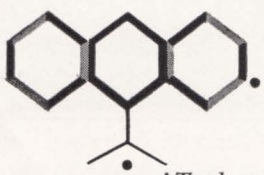

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"WHAT IS PAST IS PROLOGUE"

By Winfred Overholser, M.D.

Fifth Superintendent, St. Elizabeths Hospital, Washington, D. C.

A Centennial is a particularly tempting occasion to regard ourselves in the context of history—both past and future. How far have we progressed during the last hundred years? How far may we expect to go during the next hundred? Standing as we do at the midpoint of development between the empiricism of 1855 and the scientific certainties we may hope for in 2055, how should we look to the great men of the past and how shall we look to those of the future? From such widely differing viewpoints, we may better judge our present performance in the light of the past and as earnest for the future.

By the middle of the 19th Century, when the very material in this issue was first published, there had been in America a turning away from the physical approach advocated by Benjamin Rush in favor of the humanitarian and moral treatment doctrines advocated by Pinel, Tuke and Conolly. The prevailing idea was that mental disorder was essentially due to pathological processes of some sort in the brain, but it was recognized that much might be done for the benefit and comfort of the patients by what was generally known as moral treatment—that is, by appealing to their emotions and influencing them with kindness and understanding rather than by regimentation.

The existing hospitals, until the crusading New Englander, Dorothea Lynde Dix, appeared, were all too few; the proportion of the mentally ill who could be admitted was only a fraction of those who needed hospital care. But the men who operated them were well grounded general practitioners, with the most humane of motives, with intelligence of a high order and with a deep respect for the human dignity of the patient. Indeed as we look back on the founders of our Association—Woodward, White, Ray, Bell, Stedman, Butler, Brigham, Earle, Kirkbride, Awl, Stribling, Galt and Cutter—we are moved to realize, in the words of Genesis, that "there were giants in the earth in those days."

Dorothea Lynde Dix

♦ ♦

This Centennial Issue, published as if in 1855, is dedicated to the five hospitals that opened their doors in that year—St. Elizabeths Hospital, Washington, D. C., Mississippi State Hospital at Jackson, Dayton State Hospital and Cleveland State Hospital, Ohio, and a private hospital, Brigham Hall, Canandaigua, N. Y., and to Dorothea Lynde Dix, the stalwart citizen who aroused the public conscience thus making possible the real beginning of hospital psychiatry in America.

———♦—♦———

The hospitals they operated were small. Indeed, the policy was expressed that a hospital should be no larger than to permit the superintendent to greet every patient personally each day! The atmosphere was informal, friendly, comfortable, humane and, above all, hopeful. And let us not forget that there were a substantial number of discharges and of recoveries, in spite of the absence of so many of the resources found in our present armamentarium.

In reading this issue, however, we may be tempted to arrogance, for despite the illustrious past we have learned much in these hundred years. Moral treatment was the only remedy our great forebears knew. Today we have electro-shock; we have insulin; we have new drugs, scientifically designed activities and the whole range of psychotherapy, including those two American contributions, narcoanalysis and group psychotherapy.

We have learned much about the anatomy, physiology, and pathology of the nervous system, as well as of the other organs of the body. Our surgery, both general and neurologic, has developed to an astounding extent. Much is known about biochemistry, the functions of the vitamins, minerals and the other elements of nutrition. In the field of treatment, the development of insulin, of the antibiotics and of chemotherapy is enormous. We have conquered general paresis, first by the use of malaria and later by penicillin. The present treatment of involutional melancholia has strikingly improved the prognosis of that illness.

As far as the understanding of mental mechanisms is concerned, we have come far indeed. Freud cast brilliant new light in the field of psychopathology, and contributions from

Jung, Adler, and later, Horney and Sullivan, are significant. Adolf Meyer and William Alanson White did much to emphasize the importance of body-mind unity. Psychotherapy, including psychodrama, is advancing rapidly.

"Drastic" treatments, too, have been tried, more or less successfully, and some of the newly developed drugs seem to offer much promise, at least as adjuncts or as palliatives. Psychiatric nursing, clinical psychology and psychiatric social work, though new, have developed far. The sciences of anthropology and sociology are contributing much to the understanding of individual and group behavior.

Despite all this, in 1955 we have 700,000 patients in our mental hospitals. Much of the stigma and superstition regarding mental illness has persisted. Schizophrenia, which accounts for nearly half of all mental hospital patients, remains an unsolved problem. Possibly, then, our colleagues both of the past and of the future, might call us to account for having accomplished but little during our century, despite our brave new tools.

Might not both past and future hospital men say that, in our scientific pride, we have lost the human touch and that our knowledge has been acquired at the expense of an interest in the patient as a person worthy of respect? Our forebears of 1855, in spite of their shortcomings, their ignorance and their lack of so many of the things we take for granted, respected the "ladies" and "gentlemen" entrusted to their care. What is more, their attitude of hopefulness had undoubted therapeutic value.

What picture will hospital and community psychiatry present in 2055? Already, from the trends of today, we may venture some predictions as to what may come to pass during the second hundred years of mental medicine in America.

The coming century will certainly be noted for research, and in a hundred years, our application of existing knowledge will almost certainly be greatly expanded. Schizophrenia may have begun to yield its secrets; further financial support from the public and further interest on the part of trained medical men will ensure this. We may hope, too, that there will have been some progress in the prevention and treatment of alcoholism.

However, by the middle of next century, there will almost certainly be more old people. Geriatrics may be our most pressing problem then. We hope that our successors will have found some new solutions for the care of those aged who show some mental dilapidation, but who are primarily nursing problems rather than candidates for the mental hospital.

There will certainly have been a growth in the development of drugs which may prove to be useful adjuncts. We may expect briefer forms of psychotherapy to be developed along lines already suggested by Alexander and French; group therapy is still in its infancy and will probably develop rapidly. Since there is a growing basis even today of knowledge on which to build further investigations, our hospital men of the future will know far more about mental disorder than we can dream of today. They will have benefited from the further rapid advances which may be expected in the fields of antibiotics, chemotherapy, surgery, and a further understanding of the physical factors in mental disease. How many of our present diplomates would be able to qualify in this brave new world we are fantasying?

With such advances, day hospitals and perhaps night hospitals may to some extent have superseded 24-hour care. Moreover, with the closer integration of psychiatry with general medical practice, already apparent, more mentally ill patients will be treated in psychiatric units of general hospitals.

Hospital stay will be considerably shorter, because with more specific therapies, and an increased number of psychiatric outpatient clinics, patients will return to the community earlier, visiting the clinic or possibly a day or night hospital, for additional treatment. Indeed, many will never enter a mental hospital as inpatients at all. The psychiatric hospital of the future may, in fact, occupy a far less important role in the care and treatment of the mentally ill than it does today —and conversely, a much larger role in teaching, research and preventive psychiatry.

We may expect, too, less reluctance on the part of the community, as public knowledge about the nature and treatability of mental disorders grows, to accept patients discharged from the hospital back into the group.

We shall almost certainly see an increased number of clinics for early recognition and treatment. It may be that we shall then be able properly to apply the term "preventive" to these clinics, since we shall have learned much more concerning etiology.

Already we see a growing recognition, based on discoveries recently made about psychosomatic medicine, of the unity of the patient—both of the emotional factors in physical disease and the physical factors in the neuroses and psychoses. Let us hope that during the next hundred years there will be an increasing recognition, once again, of the needs of the patient for the respect of others, and the respect of himself. This was clearly, if intuitively, understood a hundred years ago, and we must hope that our colleagues of the future will have relearned this lesson, which perhaps we have neglected. The humanitarianism of the future will be based on scientific foundations, but it can be no better in quality and human warmth than it was when a handful of medical men, supported and encouraged by Dorothea Lynde Dix, took "lunatics" from the streets and the jails, and cared for them lovingly in the 1850's.

The past is prologue indeed. Let us read this Centennial issue for the actual words—the actual practices of our great colleagues of the past. And to those of the future, let us extend our greetings and the hope that, despite our shortcomings, some of the things which we have learned and which we practice today may be worth their study in the year 2055.

THIS MONTH'S COVER

The Government Hospital for the Insane

The title of the Washington institution shown upon our cover is The Government Hospital for the Insane, "and its object shall be the most humane care and enlightened curative treatment of the insane of the Army and Navy of the United States and of the District of Columbia," to quote the bill signed by President Franklin Pierce on March 3rd of this year.

The house was organized on the first of January of this year, and domestic preparations for the reception of patients were at once commenced. The first patient was received on the 15th of the same month, and between that time and now nearly sixty patients have been received. Fifty-one of these have been removed from Baltimore, where the indigent insane of the District have been maintained by the government for many years; others were sent by the marshal of the District, and one United States soldier was received on the order of the Department of the Interior, under whose jurisdiction the Hospital was established. When the construction is completed, 90 inmates will be provided for.

No discussion of the new Hospital would be complete, without paying tribute to that energetic and philanthropic reformer, Miss Dorothea Lynde Dix of Boston. Never did the massive gates of circumstance turn on a smaller hinge! "She is certainly a woman of *true* courage. I think better of her the more I see of her," said Dr. Charles H. Nichols, who was appointed superintendent of the Hospital during the period of organization.

Miss Dix drafted the Act establishing the Hospital, and helped in obtaining the original appropriation of $100,000 from Congress for the purchase of a site, and the erection, furnishing and fitting up of the hospital. A further $36,809 was made available for the same objects last year, and, at the close of the first session of the present Congress, the sum of $34,532 was appropriated for operating expenses. Miss Dix selected the commanding site, which was eventually bought for $25,000, the sum originally appropriated, but she had difficulties to overcome in this respect. Farmer Thomas Blagden, who owned the farm land, was at first reluctant to part with the property at all, but said he would consider the sum of $40,000. Miss Dix accordingly paid him a visit, and on the following day, he wrote to her: — "Since seeing you today, I have had no other opinion (and Mrs. B. also) than that I must not stand between you and the beloved farm, regarding you as I do, as the instrument in the hand of God to secure this very spot for the unfortunates whose best earthly friend you are, and believing sincerely that the Almighty's blessing will not rest on, nor abide with, those who may place obstacles in your way. Mrs. Blagden's and my own most friendly regards." It is a happy coincidence that this site was originally known as "St. Elizabeth's tract," made to John Charmes "in the name of St. Elizabeth of Hungary, patron saint of the lepers and the insane."

It has been a matter of much disappointment to Dr. Nichols and Miss Dix's other friends that she has not been present to witness the first months of operation of this, her latest child. Alas, she has been spending several months at the York Retreat in England, recovering her health after her bitter disappointment of last year, when the President vetoed her bill, *already passed by both Houses of Congress by substantial majorities,* to set aside ten million acres of land from the public domain and all the proceeds arising therefrom to be used for the care of the indigent insane; and a further two million, two hundred and twenty-five acres to be used for the care of the deaf, dumb and blind. It comes to our notice, however, that our good friend is as active as ever. This very month Queen Victoria has appointed a Royal Commission to inquire into conditions of the lunatic asylums in Scotland and the lunacy laws of that country,—and this through the instrumentality of "The American Invader", as the Scottish newspapers have so bitterly dubbed her! Further word is that she is planning a visit to the Channel Islands, and later, to the Pope, to plead for new institutions for the insane, sorely needed in both countries.

It must be noted that Miss Dix has been responsible, during the past fifteen years, for the establishment of no less than 15 other public hospitals, in various states, not including three in the neighboring British Provinces of Canada and one in Newfoundland. Owing to her indefatigable efforts, other Hospitals for the Insane are being planned at Willard, N. Y., and in Alabama, Tennessee and Connecticut. Mr. Davis of Indiana stated that there are at the present time 33 public institutions for the insane and 5 private, in 23 states, and that 3 others are under construction. Our own estimate would run slightly higher for private institutions, and there are also three State institutions, one in Massachusetts, another in Pennsylvania, and the other in New York, opened in Albany and now being transferred to Syracuse, for the care and training of idiots. There is, in addition, a private institution of the latter category, at Barre, Massachusetts.

The distinguished Dr. Kirkbride, of Philadelphia, has done much towards assisting Dr. Nichols in the design and construction of the Hospital building, but at the recommendation of the latter, the design was, we believe, *improved,* by being built in echelon rather than on a straight front. The bricks were made from clay dug on the premises, under Dr. Nichols' supervision.

The organization of the institution is based upon the latest principles of *moral management* with as little restraint as is practicable in managing this difficult class of persons. Bedstraps, muffs and mittens exist but are

seldom employed, and bedstraps only are applied to females. Dr. Nichols believes that the condition of the patients is dependent upon the character of their attendants.

"Mrs. S's patients were always excited and often in a fight, or if there was an occasional momentary calm, it seemed like a sleeping volcano gathering strength for a sudden and most terrible eruption," he wrote in a recent letter to Dr. Kirkbride. "Half her patients were 'terrible' characters of whom the most 'terrible' deeds might be anticipated. I think she was 'knocked down' not less than half a dozen times while she was with us. In two or three instances 'the breath was knocked entirely out of her body'. It was a kindness for her to facilitate her escape from such perilous circumstances. Mrs. S's successor is a small, quiet person (one of my old Bloomingdale attendants) but has no fears and very little excitement. The patients are fond of her and she of them, and they jog along quietly, cheerfully, and hopefully together. How important it is that we get good attendants for our patients! !"

The organization of this new Hospital can scarcely be described better than in the words of Hon. John G. Davis, of Indiana, in the House of Representatives, last February, when the bill was introduced for the organization of the institution.

"The early institutions in this country started off in imitation of the then prevalent mode of management in British asylums," Mr. Davis said, in part. "Their organization seems to have been derived from that of ordinary hospitals, when the management of the insane was very different from what it now is. Finding our prototypes in the mother country radically defective, and there being here no prejudice of custom to overcome, as abroad, our countrymen lost no time in making such modifications as experience suggested, and were not long in reaching the present regime, the basis of which is the domiciliation of the patients and the whole household engaged in their care, with the superintendent, to whom is confided the requisite authority, and upon whom is laid the responsibility of humane and skillful direction in his charge. Practically, the simple and efficient system of executive government which prevails in American asylums creates a family, of which the physician-in-chief is the head, to whom is confided the entire direction of the medical and moral treatment of the patients, and of the duties of all persons engaged directly or indirectly in their care. An assistant physician who acts as apothecary, and aids the principal in all his labors, and a steward and matron also reside in the institution with the superintendent. Holding this relation to the patients and all the employes of the establishment, the principal enjoys the best opportunities for studying the peculiarities of each case, and of adapting his treatment to the ever varying exigencies of such a peculiar household, and, at the same time, of knowing and promptly correcting the abuses which the care of irresponsible and exceedingly troublesome persons naturally engenders. Frequent inspections of the establishment by a board of visitors, composed of individuals well known in the community, and possessing the public confidence, is found to be an efficient, practical means of preventing frauds and abuses from creeping into its service, and, also, of affording the medical head that support before the public, under difficulties, to which he is entitled.

"I apprehend no one is likely to overrate the importance of making this establishment at the seat of the general government a model in its construction, organization, and management, to which, as Dr. Luther Bell remarks, 'the hundreds of institutions to come may be wisely conformed!' "

OTHER NEW INSTITUTIONS

The Mississippi State Lunatic Asylum is located at Jackson. The Asylum building is of brick, covered with stucco, is warmed by steam and lighted by gas manufactured upon the premises. It has attached to it a farm of one hundred and forty acres, has accommodations for one hundred and eighty patients, and has cost about $165,000. From the report of Dr. William S. Langley, the medical superintendent, we learn that the Asylum was opened for the reception of patients on the eighth of January, 1855.

New Ohio Asylum—Word is received from Dr. Joshua Clements that the new Southern Ohio Lunatic Asylum, at Dayton, of which he has been appointed Superintendent, is expected to be opened for the reception of patients by September 1st.

Notice is received of the appointment of Dr. L. Firestone as Superintendent of the Northern Ohio Lunatic Asylum, which recently opened in Cleveland.

Private Institutions for the Insane: The crowded condition of the State Lunatic Asylum, at Utica, requiring the refusal of many applications for the admission of private cases, and the removal of many of this class already under treatment, has created an absolute necessity for some place for their immediate reception and treatment. Under these circumstances, an institution of the kind referred to is to be established near the village of Canandaigua. A suitable building has been selected, and is, we understand, to be prepared and opened for the reception of patients about the 1st of October. It is to be under the immediate medical care of Dr. George Cook, whose long experience in the practice of this specialty as an officer of the Asylum at Utica, and for a time as acting Superintendent, after the death of Dr. Brigham—and personal acquaintance with similar establishments in Great Britain and upon the Continent, make him peculiarly fitted for this new field of usefulness. The new hospital is to be called Brigham Hall.

To supply a like requirement at the West, a similar institution has recently gone into operation at Cincinnati, under the charge of Dr. Meade.

THE STATISTICS OF INSANE HOSPITALS

By I. Ray, M.D.

Superintendent of the Butler Hospital for the Insane, Providence, Rhode Island

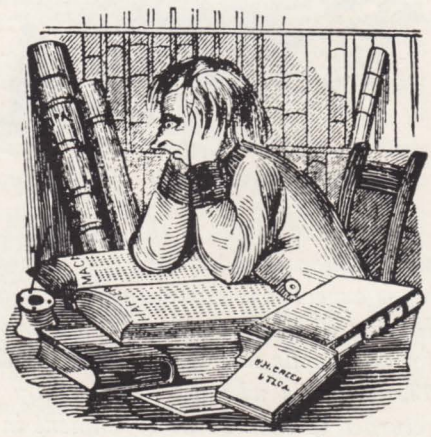
Few persons, I believe, who are practically acquainted with the subject, are quite satisfied with the present methods of reporting the results of management in hospitals for the insane, or are prepared to yield entire confidence in the general conclusions to which they lead. Certainly the wish has often been expressed that greater uniformity were observed in those methods, and that certain conditions and events connected with the subject, were more accurately defined. General rules and principles that are fairly drawn from observations, have always been regarded as preeminently safe, and this strict by-induction method of inquiring is now universally considered as the most effectual means of arriving at the truth. It would seem as if results like these could not be otherwise than correct, because they are but the general expression of the facts themselves. It is this very appearance of certainty which sometimes, as in the present case, blends into the actual fallacy, and we go on accumulating and hugging our treasures of knowledge as we fancy them, until we find at last that we have been ingeniously deceiving ourselves with an empty show, while the substance has completely escaped us.

It is a simple thing, no doubt, to add, and subtract, and divide columns of figures which patient industry alone was needed to collect. But statistics implies something more than a process in arithmetic. It is a profound, philosophical analysis of materials carefully and copiously collected, and chosen with an enlightened confidence in their fitness for the purpose in question.

It is a common saying that figures will not lie, but it is very certain that, in the hands of the ignorant, the careless, the undiscriminating, they may become the most potent instruments of falsehood. A few years since, the world was inclined to yield us the credit of extraordinary success in the cure of insanity, because in a certain institution in our country, the number of recoveries in recent cases had amounted to 91⅞ percent of the discharges. It was not made known that this result was founded on the experience of one year in 23 cases only.

In this stage of discussion, it will be sufficient to say that to make our statistics profitable, they should embrace such facts only as are intrinsically important, and free from all admixture with mere opinion. Bearing in mind these tests, we shall be better prepared to measure the real value of the statistics usually contained in the reports of our asylums.

No subject connected with insanity possesses so deep and general an interest as its curability, and this fact has led to the universal practice among asylums of reporting the number of their recoveries.



PORING OVER STATISTICS?

(This sketch is reproduced here through the courtesy of The Opal, *published by the patients of the New York State Lunatic Asylum at Utica.)*

It is obvious, therefore, that the question must first be answered, what degree of restoration can be rightfully called *recovery*. Of course every one answers it for himself as best he can, but statistical accuracy requires that all should answer it alike. It is one of the laws of nervous disease, that it may be suspended or checked for a period indefinitely varying in length and then, after intervals measured by weeks, or months, or years, renewed in all its original severity. The restoration may be apparently perfect, or marked by nary a trace of disease. Now in regard to extreme cases there will be no diversity of opinion. But it is clear that some conventional rule is necessary for determining among the various intermediate forms and degrees of restoration, what should be reported as recoveries. For instance, we might agree to call a lucid interval which continues six months or upward, a recovery, but upon the main point, whether a lucid interval has really occurred, how are we to prevent conflicting opinions?

The usual method of comparing the number of recoveries with that of the admissions or discharges presents a very unreliable indication of the curability of insanity, or even of the relative success of different establishments. When we consider how large a portion of our discharges originate in the impatience, or poverty or nameless caprice of friends, or any other cause than the admitted incurability of the disease, it must be obvious that the number of recoveries can have no necessary relation to that of the discharges, nor upon the admissions so long as the latter are consequent upon the discharges.

Perhaps no circumstance of insanity has excited so much speculation, both

in the profession and out of it, as its causes, and in every hospital report a prominent place is allotted to them. Here, if anywhere, it will appear, whether our studies have led up to a higher philosophy than that which consists in repeating catch-words and echoing the popular voice. Nowhere else in our department of the healing art is a clear and able head more needed to overthrow the masses of error and prejudice that have been accumulating for ages, and, guided by the light of a strictly inductive philosophy, place us in the path of successful investigation.

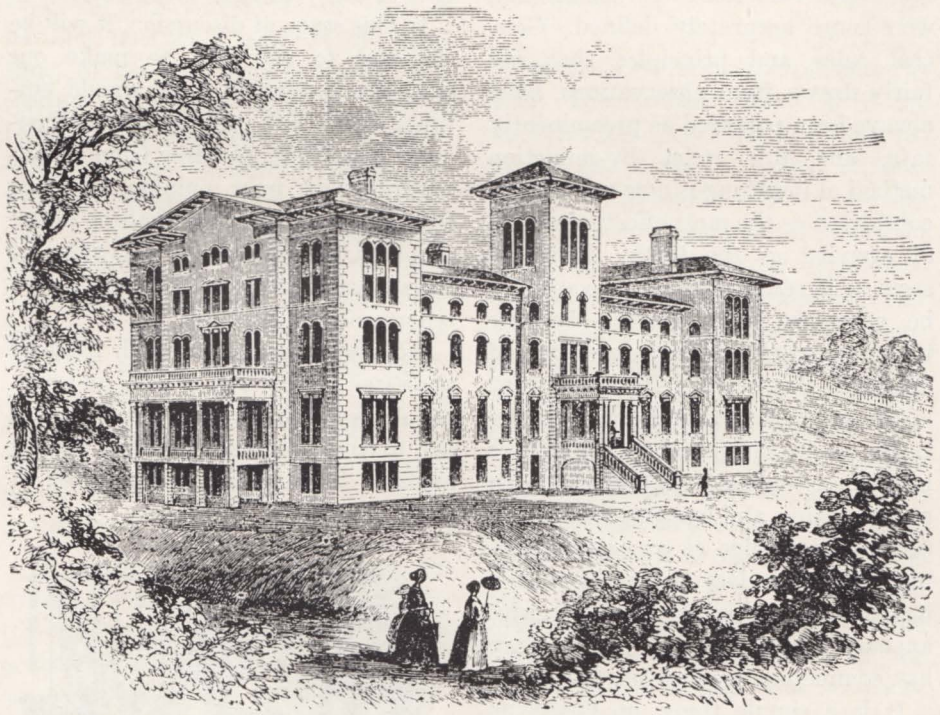
There is also much reason to believe that many of the emotions and incidents that are set down as causes of insanity, such as "fear of poverty," "religious doubt," "anxiety." etc., would often be more justly regarded as its effects. In a multitude of cases it must be difficult, with the slender means in our possession, to decide this point with the slightest approach to certainty.

The objection alleged against the event of recovery as an object of statistical record—that it is more a matter of opinion than fact—lies equally against the causes of insanity. But there is this additional one, that they are not even the opinions of the observer, but of other unskillful and irresponsible persons. Everything that we learn on this subject is derived from the friends of the patients. No one of us, certainly, would believe that a patient had been bewitched because his friends think so, but does it show much deeper wisdom to make the narratives of such persons the ground of any opinions whatever?

There is a show of precision in the usual table which, I apprehend, is not to be found in nature. If we insist upon evidence really deserving the name, the cases will be found to be exceedingly few, that can be satisfactorily traced to any particular, single cause. I cannot see therefore what benefit can be derived from affecting a precision which, instead of casting any light upon the origin of the disease, only conveys wrong impressions respecting a matter of fact, to the unprofessional inquirer.

I must terminate this examination of hospital statistics, already protracted, I fear, beyond the measure of your patience, without suggesting any better methods of reporting our results. In so doing, I shall, no doubt, subject myself to the usual reproach cast upon reformers, of making war upon a fancied evil, without offering anything better in its place. This reproach I shall not trouble myself to repel, content if I have succeeded in placing in a stronger light, difficulties and defects that have been more or less apparent to us all.

It is obvious therefore that we have no right to call our statistical shortcomings approximations to the truth, inasmuch as they arise from our own imperfections and errors. Is any one prepared to say, for instance, that they have shown the curability of cases with a degree of exactness that can be called, in any sense of the term, an approximation to the truth? Some would fix it at 90 percent, others at 70. And just so with the mortality of recent cases. Is it 5 percent, or 10 or 15 or 20? Good authority might be adduced for any of these estimates. Surely we can not have the boldness to call results like these approximations to the truth? That they form very suitable data for an opinion, I admit, but a candid consideration of the subject must convince us that such an opinion is no more likely to be exact, than a shrewd conjecture founded upon one's general impressions of his own experience.



THE NEW YORK ASYLUM FOR IDIOTS, SYRACUSE, N. Y.

Illustrated above is the New York State Idiot Asylum, in Syracuse, whose construction is in the very last stages of completion. Occupation of the building is expected to commence this August, according to the Superintendent, Dr. Hervey B. Wilbur, a short time prior to which, a vacation will be appointed for the pupils now in residence at the asylum's present quarters, in Albany. Those pupils who are removed by their parents or friends are then to be returned to the new establishment in Syracuse at an appointed date when the building opens. The inability to secure additional land, to allow necessary expansion of the institution, prompted its move from the capital. Whereas the old facilities could accommodate but fifty pupils, the new building renders possible the accommodation of ninety. A sum of $7,500 was contributed towards the purchase of a site, by several prominent citizens of Syracuse.

TRAINING AND TEACHING OF IDIOTS

By Dr. S. G. Howe,

General Superintendent

The Massachusetts School for Idiotic and Feeble-Minded Youth

Boston, Massachusetts

What Objects Are To Be Aimed at in Training Idiots? It is not expected that those who are below the grade of simpletons will ever gain such acquaintance with the common branches of learning, as will be of much ornament or *direct* level with ordinary persons, or play an independent part in the world and take care of themselves. Great pains are taken, indeed, to teach them to read simple sentences,—to count, to write, to sing; but this is not with the expectation that they will ever be able to do these things well, or have any direct benefit from them, but mainly with a view to training and strengthening their intellectual faculties by exercise in the attempt to learn them.

If, then, it is not expected that they will gain any truly profitable knowledge, even of the elementary branches of learning, or become men, even of the most ordinary abilities,—what is expected and what is the object of establishing a school for them; and what is the end and aim of all this labor and expense? Much; much every way is expected;—the end and aim are highly important.

Now, it is proposed not only to train and develop, as much as possible, the feeble intellectual powers of the idiot, but also, to call out and strengthen, as much as may be, the dormant, or feeble capacities of every part of his nature. The most of them are now left in ignorance and in idleness. Nothing being done to improve their condition, of course it must grow worse.

It is proposed to train all the senses and perceptive faculties by constant and varied exercise; to strengthen the power of attention; to teach as much as possible, the rudiments of knowledge; to develop the muscular system; and to give some degree of dexterity in simple handicraft. Efforts will be made to call out their social affections, and to lessen their inordinate selfishness, by awakening some feeling of regard for others, in return for kindness and love manifested towards them.

Physical, or Bodily Training Aids the Development of Mental Power: The first, and most important object aimed at, has been the improvement of the bodily condition of the scholars by physical *training,* that is, by regular and systematic exercises, for invigorating the body, generally; for increasing the muscular strength and activity; for giving more ready and perfect command over all the motions of the body and limbs; and for quickening all the senses.

Whatever system is adopted for the instruction of idiots, the foundation of it must be laid in physical education, that is, through bodily training; when a common boy first comes under the teacher's care, this training has generally been accomplished; his body has been broken in, as it were, to the service of his will; he has learned, in the games and sports of childhood, and in various ways, to have prompt and entire command of all his muscles. It is not so with the idiot.

Of the whole number received in our school, not one had the usual degree of activity and command of muscular motion; in other words, quickness of eye and hand. Some could walk about, and use their hands and limbs in simple motion; while the others were very deficient in the use of their muscles; and two were without any power of locomotion, and without command of the voluntary muscles.

The first thing, then, was to invigorate their bodies, and to give them more complete command over all the muscles. This has been done by diet, by bathing, by walking, and running in the open air, and by various gymnastic exercises, followed up with such variations as occurred to the teacher, in order to prevent monotony;—and with the most marked effect.

But this is not all, by any means. Bodily training is an important agent in the development of the mental and moral powers, though it seems only to promote muscular strength, and manual dexterity. When a child is learning to balance himself on his feet, he is doing something for his mind as well as for his body; he is training his mental faculties, as well as his muscular fibres.

Effect of Physical Training Upon the Power of Attention: Bodily training, as has already been said, must not only be the first but almost the last step in the course of instruction of some idiots. Important as it is in the education of all youth, it is especially so to all of this class. It not only invigorates the general health, and induces sound sleep, thereby indirectly promoting mental vigor, but it has, moreover, an immediate and direct influence in calling out the *attention,* and giving command of it.

One of the greatest difficulties in teaching idiots arises from their listlessness, and their dislike to any mental effort. They are or seem to be, unable to give continued attention to impressions made by external objects. To mental impressions (the idiot) is less attentive than to sensuous ones. If his attention is forcibly aroused, it flags again in a moment. It must have a new fillip at every instant. His teacher has the greatest difficulty to keep his eye fixed upon his own. It sidles off continually, and drops downward. He must be spoken to loudly and earnestly. Visible objects must be presented continually, to illustrate the subject of the lesson. They must be of

bright colors, and striking forms; they must be presented in various positions, and his attention must be drawn to them by earnest speech, and fervid gesticulation. When, by these means, his listlessness has been overcome, and he begins to give attention more readily, and to keep it up longer, he has really gained a great deal. The amount of actual knowledge acquired is comparatively unimportant. Many of the exercises of our school, though repeated again and again, may seem to give nothing more than a little increase of manual dexterity; a little more ready command of some of the muscles of the body. The principle, however, is this, and it is an important one;—that *every movement of the muscles requires the exercise of the will, and of the attention,* and by this exercise some of the mental powers are really strengthened, and their activity promoted. It matters not much by what particular kind of exercises this effect upon the will and upon attention, is gained.

Difficulty of Finding Good Teachers for Idiots: The necessity of constantly acting upon the principle stated and explained above, must always increase the difficulties in the way of the education of idiots, because there are comparatively few persons who have the gift of commanding their attention, by perfectly unobjectionable means;—by earnestness without temper; warmth without anger.

I have said, that in teaching idiots, the instructor must speak loudly and earnestly, in order to strike the senses forcibly, and to arouse and sustain the attention, but he must never speak sternly and ill naturedly; he must have the fervid speech, and the earnest gesticulation, but let him beware of the slightest feeling of impatience or anger; it will surely do harm, and pervert his lesson into a lesson of evil.

A teacher of idiots should possess a rare combination of intellectual and moral qualities. He should have enthusiasm of spirit, love for his scholars, zeal for his work, and faith in its final accomplishment; for which he must labor during many years with untiring patience,—with earnestness of manner,—with gentleness of temper,—and with exhaustless fertility of invention.

It is comparatively easy to direct what is to be done, but when it comes to the execution, everything depends upon the teacher; his office is as important as that of the director. It may seem paradoxical, but it is probably true, that it requires a rarer and higher kind of talent to teach an idiot, than a youth of superior talent. When the time comes, that schools for idiots are established over the country, it will be found more difficult to get good teachers for them than to get good professors for our colleges. Design and Method Proposed in Educating the Idiotic: It will be seen, by what has been said, that the main object has thus far been to train the bodily functions and the muscular motions, and to establish habits of attention. All this is with a view to preparing the pupils for future progress, and for actual knowledge.

The attempts to convey *direct instruction,* have been confined principally to giving lessons upon objects which address themselves immediately to the *senses.* In all the exercises for training the senses, some real knowledge of the qualities of the objects must of course be gained, but the conveyance of knowledge in those exercises, has been secondary to the improvement of the senses themselves.

Considerable time must be spent upon exercises in naming objects, and the idiot must be made to repeat the name, perhaps many hundred times. The same process has to be gone through with, in order to teach them other qualities of objects. Balls made of different materials, of wood, woolen, leather, India rubber, &c., are placed upon the table before them, and they are drilled upon their names and qualities. The same is done with regard to objects of different size and shape. Step by step, and slowly, often turning back, and going over the inch of ground he has gained, the idiot creeps forward a little. It may cost him a score of lessons to learn to distinguish between the length of a foot rule and of a yard-stick, but when he does, he has gained some positive and directly useful knowledge.

It is not deemed necessary to go into detail of all the modes of instructing the pupils in our school, because these particular modes are unimportant. Enough has been said to illustrate the principle. With this principle in his mind, each teacher will find ways and means to carry it out. To each of the pupil's senses the appropriate objects are to be presented in the concrete, and their names, numbers, and qualities are to be taught. To the eye are to be presented colors, forms, positions, motions, and measures; to the ear, sounds in all their varieties of concord and discord, of time and tune; to the feeling, sizes, resistance, smoothness, roughness, elasticity and weight;—to each sense its appropriate objects, varied in as many ways as possible, and made as different from each other, and as striking, in appearance, as can be.

After the senses are trained to take note of their appropriate objects, the various perceptive faculties are to be trained by exercises adapted to each of them. The greatest possible number and variety of facts, are to be gathered by the exercise of these faculties,—and to be garnered up in the memory,—as a store, out of which the higher mental faculties may draw materials for constructing general ideas.

Much as the idiot needs physical training and intellectual instruction, he needs moral training and elevation equally. The idiot has within him the germs of the moral virtues and social affections, but they are like seeds lying in a wintry soil; they will never sprout, if left to themselves; we must warm them into life, by subjecting them to genial influences; we must quicken their growth by surrounding them with objects of affection, and by giving to them the daily influence of the sunshine of love. Under these influences there will be growth; tardy and slow indeed,—but still growth.

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THE PATIENT DAY BY DAY

MORAL TREATMENT

Moral Management: The character of the moral management is activity without excitement, progress and the combination of self-government, with appeals to the intellect and sentiments. There is always something to expect, to prepare for; some anticipation, or some retrospect. Patients are participators in every arrangement. They are identified with the recreations, as well as the labors of the community. They are led to understand that each progressive step is not merely for them but by them. They are their own gardeners, laborers, players, musicians, precentors, librarians, and, under certain restrictions, their own police. Each day has its appropriate relaxation, as well as its duties; but monotony, which engenders torpidity rather than tranquility, even the monotony of continued recreation, is obviated by useful pursuits and physical exertion. To carry out such views to their legitimate extent, special enjoyments have been suggested to each individual; while public assemblies have been encouraged as a sphere of trial, as well as a source of pleasure. Self-command, and silence, and calmness, as well as excitement, may be propagated by imitation and example, and by the presence of numbers.

Dr. Benedict
Crichton Royal Institution
for Lunatics,
Dumfries, Scotland

In the Lunatic Hospital as in society and in the state, the individual must be prominent. The very disease for which he is admitted tends ultimately to destroy individuality. For this reason his identity must be preserved, his just claims recognized, his self-respect encouraged, and his mind incited to useful or refining occupation.

D. Tilden Brown, M.D.
Superintendent,
Bloomingdale Asylum, N. Y.

The necessity of granting to our inmates a greater degree of personal freedom, and further means for out-of-door exercise than they have hitherto enjoyed, has already engaged the attention of your Board. Situated as the patients have been in years past, confined within the walls of a comparatively ill-ventilated hospital, day after day, as the majority of them have been, it would be strange should their mental sensibilities not be injuriously affected; their countenances present no paleness, and their skin no delicacy; or that on any sudden exposure to a harsh atmosphere, they should not suffer.

We know the effect produced on the vegetable creation by the deprivation of light. The history of man is not without numerous illustrations of analogous evils inflicted on the human frame by a residence in dark and gloomy apartments. The benefits accruing to the insane by a change of air, and the enjoyment of the full sunlight, such as would be afforded them by leaving the halls of the house for spacious grounds, would be observed in their more healthful personal appearance, a more contented and cheerful disposition, a less irritated and irritating demeanor, as well as in many other ways. In short, no system of lighting, ventilating, or warming a building can be made to supersede the necessity of granting to the insane the liberal use and enjoyment of the external air at all proper opportunities. It is gratifying therefore, in this connection, to anticipate the completion of the design you now entertain for making suitable enclosures adjacent to the hospital for the purpose mentioned.

Superintendent,
Boston Lunatic Asylum
Boston, Mass.

The moral treatment of Insanity, besides the restrictions which a residence in a large family necessarily imposes, comprises all the varied means which are employed for occupying the mind and body, for promoting cheerfulness and contentment, and recalling natural and healthy trains of thought. At the head of these means, manual labor, or any useful occupation in which the mind of the patient can be interested, stands as the most beneficial. Exercise in riding or walking, visiting interesting objects in the neighbourhood, the use of the Library and Museum, Lectures, Exhibitions with the Magic Lantern, neatly furnished apartments, ornamental grounds, the regulated visits of friends &c, are among the means which continue to be used in the moral treatment of our patients, with the success that has heretofore attended them. We have an attendant for each six patients, whose special business it is to instruct and assist them in such employment as seems to be best suited to their abilities, and to accompany them in excursions for recreation and exercise. The male attendant selects all the patients from among the men, who are capable of labour, and spends two or three hours every morning with them, in work upon the grounds or farm. When the weather prevents their going out, they find employment in the house, in washing and picking hair for mattresses—in preparing the materials and making brooms, or in work in the carpenter's shop. The female convalescent patients spend their mornings in walking, or amuse themselves at the Library. Under the care of their attendants they pass a portion of their time daily in plain sewing, dress making or fancy work. The carriage goes out daily in suitable weather, with a party of men in the morning, and females in the afternoon; and the Circular Railroad is in frequent requisition by nearly all classes of our patients. In the afternoon, the attendant having charge of the convalescent male patients, spends the time with them in the Library, and in pedestrian excursions through the neighbourhood. Other attendants take out a party of eight or ten, mostly of

the demented class, for pumping—which occupies about an hour each afternoon; after which they generally spend the time in walking, or in exercise in the Railroad car. Pumping, by turning a crank and balance wheel, is a kind of exercise which is exceedingly well adapted to this class of patients, and in some cases of mischievous excitement, it has been the means of restoring the patients to orderly and quiet habits, after all endeavours to induce them to engage in other kinds of employment had failed.

J. H. Worthington, M. D.
Physician and Supt.
The Asylum for the Relief of Persons Deprived of the Use of their Reason
Frankford, Pa.

CLOTHING

EXTRACTS FROM THE REGULATIONS OF THE HOSPITAL: Male patients admitted into the Institution, should come provided with at least two strong cotton shirts; coat, vest and pantaloons of strong woolen cloth; two pairs of woolen socks or stockings—one neck cravat—one hat or cap—and one pair of boots and shoes.

Females should have at least the same quantity of underclothes, including both shoes and stockings, decent bonnet and two substantial dresses. In both cases the articles should be new and in good condition. The woolens should be of dark color.

The price of board, washing, medicines and attendance is fixed at $2 per week.

Henry M. Harlow, M.D.
Supt. and Physician
Maine Insane Hospital

VOLUNTEERS

"THE DIX ASSOCIATION" OF JACKSONVILLE: A feature at the Illinois State Hospital for the Insane, at Jacksonville, too interesting and too important to be passed without notice, is the formation, on the part of the ladies of Jacksonville, of a benevolent association having for its express object a regular and stated visit to the institution on the Saturday of each week, by a committee assigned in rotation. This society is appropriately styled "The Dix Association." Its acceptance by the officers of the hospital is noted in the statement of the Superintendent, Dr. Andrew McFarland: "We regard this society as a conception of the most happy kind, and its operations have been peculiarly promotive of the welfare and happiness of the unfortunate persons for whose benefit it was instituted."

HOBBIES

THE ASYLUM JOURNAL is published every Tuesday, by the inmates of the Vermont Asylum, at Brattleboro.

Terms: Fifty cents per year, or twenty-five cents per quarter, always payable in advance. A liberal discount made to companies. The profits arising from this paper will be applied for the support, at this Asylum, of the indigent insane, of whatever name, party, or denomination. All communications to the publishers must be postpaid.

The Asylum Journal is the first regular newspaper ever printed in, and issued from a Lunatic Asylum. In 1837 one of the patients of the Connecticut Retreat, who had been a printer and also an Editor, repaired to one of the printing offices in the city of Hartford, and with the assistance of the printers in that office, issued two odd numbers of a little sheet called the Retreat Gazette. He continued at the Retreat many months after those were printed, and was finally discharged without being restored.

Most of our readers are probably aware that a monthly newspaper, entitled "The Opal" is edited exclusively by the patients of the New York State Lunatic Asylum at Utica. Of its popularity, and certainly of its extensive diffusion, the annual report contains some curious details. From the year's proceeds, at 50 cents per annum, 650 volumes, standard works, have been purchased as a nucleus for a "Patients' Library." It receives in exchange two hundred and twenty weekly publications, 4 semi-weeklies, 8 dailies, and 33 monthlies, and the list is still upon the increase.

DEATHS

Among those have died within the year, there have been several patients who have usually attracted considerable attention from visitors in consequence of certain peculiarities in the manifestations of their disease. The Queen of America lives no longer. The Queen of England, who occupied a room opposite to hers, will no more ridicule her pretensions by saying to her as she often did—"How absurd! You know there is no such personage." The old German woman of eighty-five years has died; she who declared herself to be the mother of God and who made and governed the world. The old man whose tenderness and care towards a wretched and violent epileptic patient were so remarkable; and who fancied that salmon were generated in him, and came out at his wrist,—he too has gone; as also has the woman with a beard, the presence of which became the cause of her insane melancholy,—the man, a farmer, who had discovered, as he imagined, a new compost, by means of which all the sand of Cape Cod could be made to bud and blossom as the rose—the old woman who suffered the most agonizing terrors of a *diseased* conscience, and who was almost incessantly demanding to be taken to execution for the murder of her husband and children, —the woman who was accustomed to declaim so violently in favor of Madame Duresmont, and woman's rights. — These and many more have left us; and, shaking off their happy or unhappy delusions, we would hope they have entered on the enjoyment of the realities of a blessed eternity.

C. H. Stedman, M. D.
Former Supt.
Boston Lunatic Asylum

The deaths have been chiefly among the old incurable cases. They amount to between six and seven per cent of the whole number of residents. During the past few years, the number of deaths has been considerably increased by the reception, in the first place, of

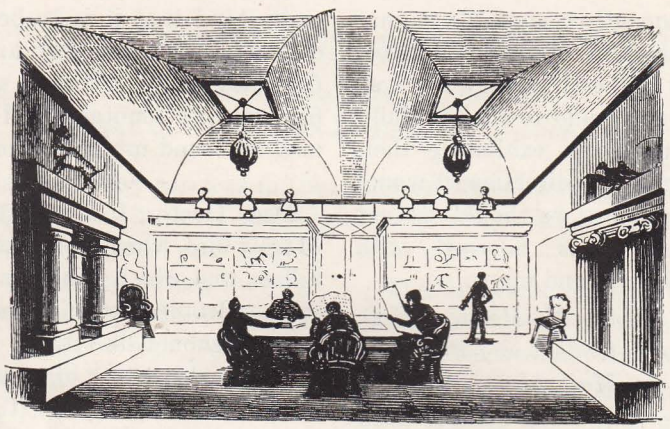
a larger number than usual of chronic cases; and secondly, by a very great tendency to diseases of the bowels. Although during the general prevalence of this unmanageable disease, there was no Asiatic cholera, either in the asylum or within many miles around, yet there was here an evidently increased predisposition to abdominal affection; and, as has just been alluded to, this circumstance caused an additional mortality in the institution. Under any circumstances, diarrhoea is very apt to prove fatal in chronic cases of insanity, and it is of not unfrequent occurrence in all establishments for the insane. Thus Millingen, in his well known work on insanity, observes that "Diarrhoea is one of the most frequent and fatal complications of insanity." Several years since, a great predisposition to erysipelas made its appearance in the patients of the asylum. It has not existed for some time, except in quite a mild form.

John M. Galt, M.D. Supt. & Physician
Eastern Lunatic Asylum of
Virginia at Williamsburg

Among the incidents of the year which claim a notice now, is the decease of our worthy Chaplain, the Rev. Louis Dwight, who suspended his official ministrations among us early in June, and died from paralysis on the 12th of July.

Since his decease, chapel services have been conducted by our Superintendent, and the salary of the Chaplain has been devoted to the good of the hospital. A large music box has thus been recently purchased, through the agency of Deacon Palmer, one of your number, which adds greatly to our means of amusement; and we are in hopes, in the course of the coming year, to add to our sources of amusement and instruction, until our Hospital shall be behind none in New England. Our library is, as it always has been, very defective. Originally made up of *odd* volumes, it early lost its interest to most of our patients who could read.

Boston Lunatic Asylum
Boston, Mass.



LIBRARIES ON WARDS—*The plan of introducing small libraries into each of the wards, to which the patients can at any time have access has been commenced at the State Lunatic Hospital of Pennsylvania, at Harrisburg. The drawing above shows the long established reading room at Kirkbride's.*

AIRING COURTS

I earnestly hope that the board will be able to impress the next General Assembly with the great importance of making a special appropriation for fencing off part of our grounds into airing courts.

Besides the advantage of offering a secure place in the open air for patients, where they may walk about unrestrained by the constant proximity of an attendant, the area may be made both useful and ornamental by erecting mechanic shops for the construction of light fancy articles, and engaging in various innocent sports, all of which has a decidedly beneficial effect on the insane. Much might be said to illustrate the good effects of airing courts on the lunatic, but the name is enough to recommend it, An airing court! Who could expect to enjoy physical and mental health without a free respiration of the atmosphere and a full and untrammeled admission to the vivifying rays of the sun? None. You might as well attempt to produce a crop of any of the known vegetables from seeds planted in your cellars, as expect man to enjoy health — the greatest boon in life—pent up in-doors, drawing a mere pittance of what his Maker intended he should have in abundance, free and without price. So with man: if he is deprived of a full supply of these elements which were intended by our Creator for all conditions of mankind alike, in kind and quantity, he pines, dwindles, and passes away, without having a fair chance to fulfil his destiny here and prepare himself for a better world, hereafter. A small appropriation will enable the Board to erect such courts as will afford an opportunity to give every patient an airing every day.

James S. Athon, M.D., Supt.
Indiana Hospital for the Insane
Indianapolis

NEEDS & GIFTS

There are two things which we have not that would add very much towards making the patients cheerful and happy, and which are enjoyed by institutions of the kind in other States. One is the use of gas to light the building, of which we spoke somewhat at length in a former report—its convenience, its sanitive effects on the insane etc. We do hope this great comfort and convenience will some day not far distant be granted to us. The other is that of pictures to hang on our naked walls. They would relieve that cheerless, repulsive sensation which strikes the delicate, sensitive mind diseased, as one enters the apartments. They would give a cheerful, homelike air to the hall, and relieve the eye as it glances about for something soothing to rest upon.

It has frequently occurred to us that if some of the liberal-minded, benevolent friends of the Hospital knew how much they could add to the painfully distressed mind by exhibiting their benevolence in this direction, it would not be long before we should see our convalescent wards adorned with beautiful pictures and maps.

Henry M. Harlow, M.D.
Superintendent and Physician
Maine Insane Asylum

Letters to Dr. Thomas S. Kirkbride Pennsylvania Hospital for the Insane, at Philadelphia:

My daughter desires me to say she hopes the Ladies of your Institution may have pleasure in feeding and watching the sheep which she sends them. The Sheep answers to the name of Carrie—she will follow us in our walks, and likes to go up into our bedrooms, and I think after a few days, will become familiar with her new friends.

The Eagle which accompanies this, is a present to the Museum of the Hospital under your Charge from Dr. Isaac K. Walker of Delaware County.

My servant started with it yesterday morning with the Eagle in a nice Cage, but the Horses became alarmed by the Bird flapping its wings and ran off and broke the cage all to pieces, and by this accident the arrival of the Bird has been delayed longer than I had intended. The Eagle hurt the hand and arm of the person who caught him when he got out of the cage and, I mention it, that you may be on your guard to prevent your Patients handling the Bird, which he will not allow from Strangers.

There was to have been a stuffed Aligator sent with the Eagle, but owing to the accident it was left on the road, but it will be sent as soon as I can do so.

Dear friend, I have concluded that it would probably be most convenient for thee to obtain the Shanghai bath tub from the Hospital in the city and I have therefore taken the liberty of sending it down there. Please understand that it is to be used and disposed of in any way and manner *thee* may see fit, either as a bath tub, fish vase or fountain, and hoping it may be found useful and ornamental.

Dear Doctor, I have a fine looking Macaw bird, which is said to be a good talker, and which has been presented to the Hospital upon a "broad hint" that we should like it.

I have also a pair of young Lions—do not be alarmed, for they are of Stone—as ornaments for the Ladies' parlor, or any other position you will assign to them. If you can conveniently send in for them tomorrow morng by 9 o'cl. I shall be glad, & will remain at home until 9. Let them bring a *large* clothes basket filled with *soft* hay, and I will attend to their being packed.

The Macaw is in a cage.

Our greatest difficulty is with that class who take no interest in such occupation and amusements as this Institution affords—who, passing their time in eating, sleeping, and walking listlessly about, with no pleasant object to fix their wandering minds upon, sink into a state of permanent imbecility, or by brooding over imaginary or real ills, obstinately resist every effort on the part of the Physician to give relief. For years past my solicitude for this class of patients has been felt and often expressed. Much good would result in providing such means of occupation as might suit their fancies. The most plausible would be to make such arrangements for them as would direct their attention to the mechanical arts. With the stimulus of reward I think the effort would not be unsuccessful. With such belief I sometime since requested that a cheap building for workshops might be erected. The subject was then postponed, as there was a possibility that the Asylum would be removed. Inasmuch, however, as every effort has failed thus far to secure a site better suited for the purpose than that occupied in part by our new buildings, I am constrained to regard the hope of removal as forlorn, and therefore, repeat the suggestion for the benefit of the male patients and convenience of this Institution.

Our females are not so much at a loss, having a superior piano and other musical instruments, a large and handsome bagatelle table for their amusement, and a garden filled with choice flowers and rare evergreens, which afford exercise and recreation. Many are busied in the ordinary routine of housework and seem to take interest in their occupation. More room and *an occasional ride* are all that they appear to require. To gratify the latter fancy they are dependent upon their friends. I would therefore, recommend that a carriage suited for their use be purchased; also a gentle and strong pair of horses, which could be used occasionally on the farm, hauling wood and ploughing.

A patient's drawing from THE OPAL *published by the N. Y. State Lunatic Asylum at Utica.*

J. W. Parker, M.D.
Supt. and Resident Physician
Lunatic Asylum of South Carolina

EMPLOYEES

With regard to the class of officials whom Dr. Kirkbride technically entitles "Teachers or Companions" it may be remarked that there are a number of attendant advantages. For instance, they are more likely to gain the confidence of the insane than persons connected with an institution in other capacities, because officers of the usual functions are very liable to offend their afflicted charges, by exercising the ordinary control over them, and carrying into effect the necessary regulations of the establishment; and the same remark applies to the attendants. But individuals acting as companions and endued with no special authority, are able, for this reason, to

ward off the influence of prejudice. and to win the confidence of the patient. They will, too, be more readily heard when conveying proper ideas as to the exact character of the institution in which they are placed: mental instruction may also be carried into effect by these officers: and the attempt be made to direct the patient's attention to amusements and modes of recreation in which the torpor about many of the mentally affected prevents their engagement, unless the effort be made to draw them from this hurtful introspection.

Eastern Lunatic Asylum
Williamsburg, Va.

RELIGION

Religious Worship: Worship is regularly performed according to the forms of the established churches. Members of other communions visit their own churches in Dumfries, accompanied by officers or are visited by their own clergymen. The timidity which formerly excluded the insane from such ordinances or concealed their presence by a veil, has passed away; the error that they were incapable of comprehending or joining in worship has been demonstrated; and in these assemblies children and maniacs are seen to bend the spirit and the knee side by side; in them it is impossible to distinguish the insane from the sane, the guardian from his charge; and all ideas are banished from the mind of the spectator except those of universal brotherhood, and that peace which passeth understanding. It may be that there is a sense of supplication where there is no power of precise and articulate prayer; and it may be that independently of, and even in opposition to, external manifestations, there is an "inner life with God;" but it is certain that reverence and attention prevail; that the tranquility is greater than in other circumstances; that the acknowledged effects are contentment and calm.

Dr. Benedict
Crichton Royal Institution
for Lunatics
Dumfries, Scotland

RELIGION AND THE INSANE

By Horace Hooker, Chaplain
Retreat for the Insane at Hartford, Connecticut

The usual week-day services in the Chapel of the Institution, singing, reading the Scriptures and prayer, have been performed during the year. On the afternoon of the Sabbath, there have been religious exercises similar to those in other Christian congregations. The singing is still conducted by a choir composed of the attendants and patients, and adds much to the interest and value of the services. In these various exercises the patients have engaged with gratifying decorum and solemnity. Strangers, who for the first time are present at our worship in the Chapel, often express surprise at their apparent devotion, and the stillness and steady attention with which they listen to divine truth. Indeed, it is believed that few congregations of the sane, in an ordinary state of feeling, exceed them in these respects.

A sense of need opens a way for the Gospel to the hearts of these sufferers. The service checks, for a few moments at least, the dark current of sorrow—calls the wandering mind away from its delusions, and aids in forming a healthful self-control. A sense of propriety, the strong associations connected with such scenes in happier days, and the quiet of fellow-worshippers, combine to restrain outbursts of feeling which they are often unable to resist in their own rooms. And aside from these influences of religious worship, who shall set limits to the great Physician of both soul and body, in making the Gospel a means of moral renovation to the deranged mind?

Increasing experience strengthens my conviction that the distinguishing principles of the Gospel are no less adapted to the mind when disordered, than when in its normal state. In the former case, indeed, more care and a different mode of exhibition are demanded; but these principles unfolded calmly and clearly, in the sober manner of the Bible, will find as ready and intelligent and cordial a response in a congregation of the insane as in most others.

The full value of the Gospel in relation to mental derangement, both as a preventive and a remedy, is not, it is believed, fully appreciated. Official reports show that cases of insanity, in great numbers, result from causes against which the controlling daily influence of religious principle would guard the mind. By checking vices which prey upon the body, and mental feelings, such as envy, jealousy, inordinate grief, which waste its energies, the Gospel *prevents* diseases that result in insanity. But more than this, it exerts a *remedial* efficacy in aid of the curative processes of art. How often has the calmness inspired by Christian hope allowed the successful operation of medical remedies, when death would otherwise have been the inevitable termination of the case? If it is easier, as distinguished medical men assert, to heal wounds inflicted in a battle crowned in victory, than in one ending in defeat and disaster which depress the spirit, might we not expect a similar influence from the exhilarating sustaining hopes of the Gospel?—and, as a consequence, that the Gospel would be an efficient agent in the cure of derangement caused by bodily disease. Science may yet regard, as in some sense literally true, the cheering declaration of the Prophet respecting the Saviour, "Himself took our infirmities and bare our sicknesses."

As occasion offered, during the year, I have visited and prayed with the sick, attended funerals, and given such counsels and consolations to the desponding as their case seemed to require.

May the blessing of heaven still rest on the means employed for attaining the high benevolent ends for which this Retreat was established, and on all who desire and seek to promote its prosperity.

CONSTRUCTION, ORGANIZATION AND GENERAL ARRANGEMENTS OF HOSPITALS FOR THE INSANE

By Thomas S. Kirkbride, M.D.

Superintendent, Pennsylvania Hospital for the Insane at Philadelphia

Curability of Insanity—Insanity, when uncomplicated, properly and promptly treated, and having treatment duly persevered in, may be regarded as curable as most other serious diseases; but its curability mainly depends upon certain conditions. Of the class of cases alluded to, it is safe to say that about as many as eighty per cent may be expected to recover. Where cases of insanity are left without proper treatment, they rarely get well, but are more apt to sink into some form of dementia, and to be for life a source of anxiety and a charge upon their friends or the community.

In all discussions in regard to the character of insanity and its curability, it is important that it should be placed in the same category as other diseases.

Economy of Curing Insanity—The cost of curing a case of insanity in a good hospital, and returning the patient to his family and to usefulness in society is not, on the average, one-tenth of what it is to support a chronic uncured case for life. This is the economical point of view, in regard to making adequate provision for the prompt and enlightened treatment of all the insane of every class and description, even if no account is made of the value of restoring to usefulness in a community, one of its producing members.

Hospitals the Best Places for Treatment—The only mode, then, of taking proper care of this class in a community, it is obvious, as all enlightened experience shows, is to provide in every State just as many special hospitals as may be necessary, to give prompt and proper accommodations for all its insane, to cure those that are curable, to give every reasonable comfort to those that are not curable and to prevent their becoming worse—and, what is of very great importance, hardly to be overestimated —to protect their families and the community from the acts and influences of irresponsible and often dangerous persons.

State Provision to be for All Classes—For the reasons stated, it is obvious that every State hospital should be made good enough for the highest class of its citizens, for it should not be forgotten that what is good enough for them, so far as proper care is concerned, is none too good for the humblest of the unfortunates who are compelled to look to these institutions for custody and treatment. This is believed to be an important axiom, never to be forgotten by those who are making provision for the insane, and it ought to stand side by side with that other, which has been so often repeated, and which is so fully confirmed by all intelligent experience, that the best hospital, best built, best arranged, and best managed, is always most economical in the end; for, a true economy consists not only in avoiding all waste and extravagance, but also in doing thoroughly whatever is undertaken, and this ultimately will give most satisfaction to any enlightened community.

The Association of Medical Superintendents of American Institutions for the Insane—In the propositions on this branch of the subject originally adopted, two hundred and fifty patients were recommended as the most desirable maximum number, and on this point the Association was, at that time, unanimous. It was since decided that under certain circumstances a hospital might be enlarged "to the extent of accommodating six hundred patients, embracing the usual proportion of curable and incurable insane, in a particular community."

The writer is fully aware that it is often easier to secure appropriations for additions to hospitals, than for the erection of new ones, and for this reason it is often deemed expedient, if not best, to secure the needed additional provision in a State by a steady enlargement of existing accommodations.

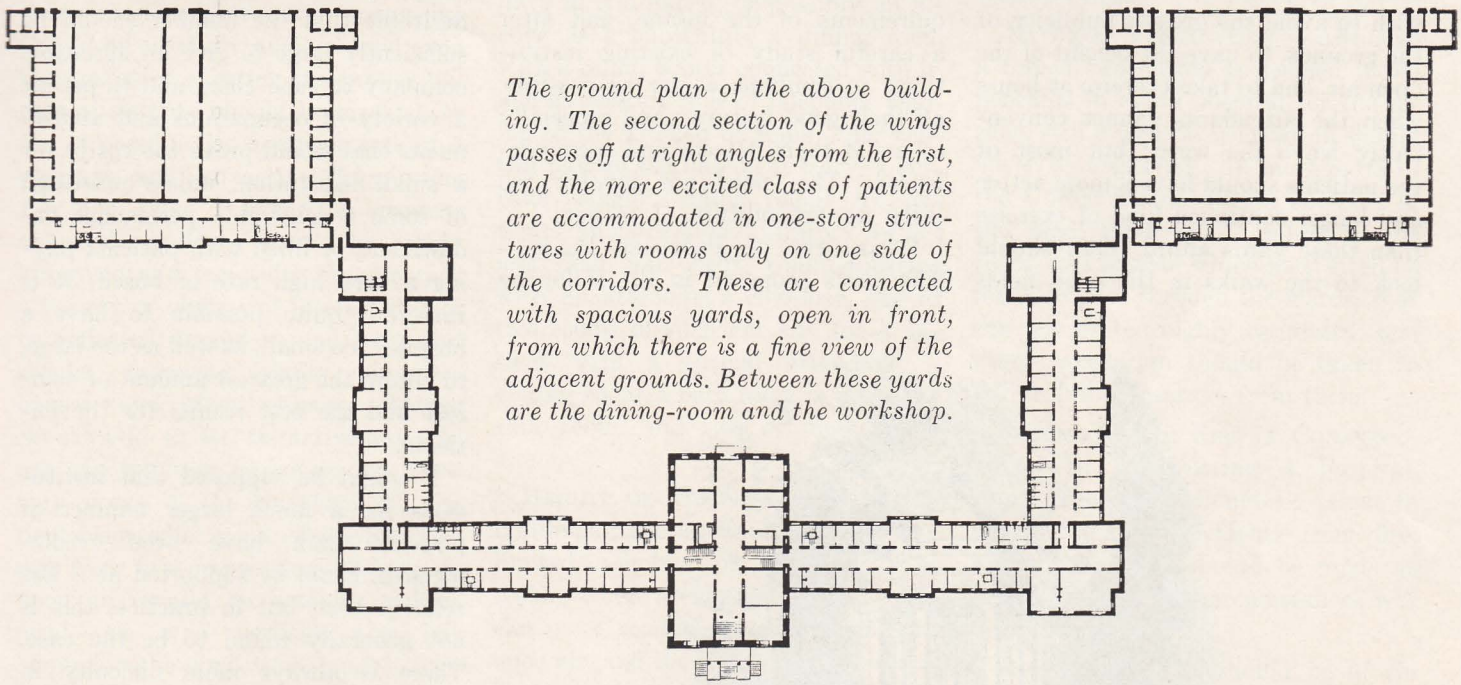
Selection of a Site—When it has been determined to erect a hospital for the insane, the first object to be attended to by those to whom this important duty has been delegated, is to select a suitable site for the buildings. The utmost caution should be observed in taking this step, on which may depend to no small extent, the future character and usefulness of the institution; for the best style of building and the most liberal organization, can never fully compensate for the loss sustained by a location, that deprives the patients of many valuable privileges, or subjects them to varied annoyances.

The building should be in a healthful, pleasant, and fertile district of country; the land chosen should be of good quality and easily tilled; the surrounding scenery should be varied and attractive, and the neighborhood should possess numerous objects of an agreeable and interesting character. While the hospital itself should be retired, and its privacy fully secured, the views from it, if possible, should exhibit life in its active forms, and on this account stirring objects at a little distance are desirable. Reference should also be made to the amount of wood and tillable land that may be obtained, to the supply of water, and to the facilities for drainage, for enclosing the pleasure-grounds, and also for future extensions of the building.

Enclosures—It is desirable that the pleasure-grounds and garden should be securely enclosed, to protect the patients from the gaze and impertinent curiosity of visitors, and from the excitement occasioned by their presence in the grounds. This,

Proposed hospital for two hundred and fifty male patients,

PENNSYLVANIA HOSPITAL FOR THE INSANE AT PHILADELPHIA



The ground plan of the above building. The second section of the wings passes off at right angles from the first, and the more excited class of patients are accommodated in one-story structures with rooms only on one side of the corridors. These are connected with spacious yards, open in front, from which there is a fine view of the adjacent grounds. Between these yards are the dining-room and the workshop.

The arrangement shown in the plan permits the division of excited patients into very small companies, the mingling of large numbers of this class being very subversive to good order, and often detrimental to individual patients, especially when the cases are recent.

The total arrangement provides for the accommodation of sixteen distinct classes of male patients. Each one of the sixteen wards has, besides the corridors for promenading, and the chambers of the patients and attendants, a parlor, a dining-room, a bath-room, a water-closet, a sink-room, a wash-room, a drying-closet, a storeroom, a clothes-room, a dumb-waiter, a dust-flue, and a stairway by which persons can pass out of doors or to the center building, as may be desired, without communication with the other wards.

therefore, becomes a matter for consideration in the selection of a site.

This enclosure should be of a permanent character, about ten feet high, and so located that it will not be conspicuous, even if it is at all visible, from the building. The site, as well as the position of the building on it, should have some reference to this arrangement. If sufficient inequalities of surface exist, the wall or fence, as it may be, should be placed in the low ground, so as not to obstruct the view; but if the country is too level to admit of this, the same end may be attained by placing the wall in the centre of a line of excavation of sufficient depth to prevent its having an unpleasant appearance, and yet to render it entirely effective. Although the first cost of a wall will be about double that of a fence of the proper kind, still its durability and greater efficiency in every respect, will make it cheaper in the end.

Patients' Yards—These yards enable many patients, who at times may wish to avoid the greater publicity of the grounds, to have the benefit of the open air, and to take exercise at hours when the attendants cannot conveniently leave the ward; but most of the patients should have a more active and longer continued kind of exercise than these yards afford. They should look to the walks in the open fields and about the pleasure-grounds, which can readily be made a mile or two long for each sex, for their principal exercise. Four-fifths of all the patients will, under proper regulations, be able to take walks of this kind, for at least a couple of hours morning and afternoon, at all seasons; and in warm weather, when a suitable number of attractive summer-houses and plenty of comfortable seats are provided, they may thus profitably spend one-half the entire day in the open air.

Importance of Architectural Arrangements—No reasonable person at the present day, when planning a hospital for the insane, would think it necessary or desirable to propose a building entirely original in its design; for such a structure could hardly fail to lose in usefulness what it gained in novelty. Instead of attempting something entirely new, the object should rather be to profit by the experience of the past, by the knowledge of those who have had a practical familiarity with the wants and requirements of the insane, and after a careful study of existing institutions, to combine, as far as possible, all their good features, and especially to avoid their defects and inconveniences. This need not involve too large an expenditure of money.

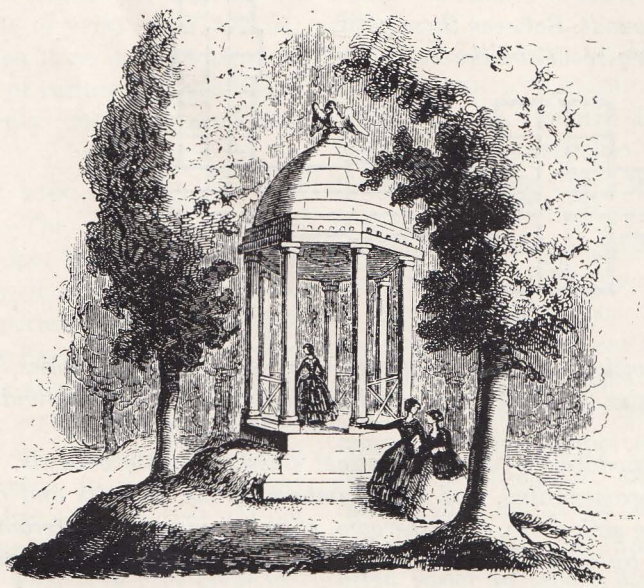
Character of Proposed Plans—The plans proposed in the following pages, are specially for State hospitals to accommodate two hundred and fifty patients; this number being, in my estimation, about as many as should be collected in any one institution.

Size of Building and Number of Patients—In State institutions, when full, at least one half of all the cases are commonly of a chronic character, and require little medical treatment. They do, however, need a kind of supervision and direction that demand no ordinary ability, and for which only a few are thoroughly qualified. Even when thus proportioned, two hundred and fifty will be found about as many as the medical superintendent can visit properly every day, or nearly every day, in addition to the performance of his other duties.

So, if a greater proportion is chronic, the number might without disadvantage be somewhat increased. While it is really best that no more patients should be received into any hospital than can be visited daily, or almost daily, by the chief medical officer, it is desirable that the number should be sufficiently large to give an agreeable company to each class, and to permit a variety of occupations and amusements that would prove too costly for a small institution, unless possessed of some considerable permanent endowment, or filled with patients paying a very high rate of board. It is therefore quite possible to have a hospital too small, as well as too large, to obtain the greatest amount of comfort and the best results for the patients.

It might be supposed that institutions for a much larger number of patients than have been recommended, could be supported at a less relative cost, but in practice, this is not generally found to be the case. There is always more difficulty in superintending details in a very large hospital, there are more sources of waste and loss, improvements are apt to be relatively more costly, and without great care on part of the officers, the patients will be less comfortable.

Whenever an existing State institution built for two hundred and fifty patients, contains that number, and



Summer House at Kirkbride's

does not meet the wants of the community, instead of crowding it, and thereby rendering all its inmates uncomfortable, or materially enlarging its capacity by putting up additional buildings, it will be found much better at once to erect an entirely new institution near it, or in another section of the State, and then separate the sexes. Under any circumstances, the transfer of acute cases from a great distance, is an evil of serious magnitude and constantly deplored by those who have the care of the insane.

Position, and General Arrangements of the Building—Although it is not desirable to have an elaborate or costly style of architecture, it is, nevertheless, really important that the building should be in good taste, and that it should impress favorably not only the patients, but their friends and others who may visit it. A hospital for the insane should always be of this character, it should have a cheerful and comfortable appearance, everything repulsive and prison-like should be carefully avoided, and even the means of effecting the proper degree of security should be masked, as far as possible, by arrangements of a pleasant and attractive description. For the same reason, the grounds about the building should be highly improved and tastefully ornamented; a variety of objects of interest should be collected around it, and trees and shrubs, flowering plants, summer-houses, and other pleasing objects, should add to its attractiveness. No one can tell how important all these may prove in the treatment of patients, nor what good effects may result from first impressions thus made upon an invalid on reaching a hospital—one who perhaps had left home for the first time, and looked forward to a gloomy, cheerless mansion, surrounded by barren, uncultivated grounds for his future residence, but who on his arrival finds every thing neat, tasteful, and comfortable. Nor is the influence of these things on the friends of patients unimportant; they cannot fail to see that neither labor nor expense is spared to promote the happiness of the patients, and they are thus led to have a generous confidence in those to whose care their friends have been entrusted, and a readiness to give steady support to a liberal course of treatment.

Great care should be taken in locating the building, that every possible advantage may be derived from the views and scenery adjacent, and especially as seen from the parlors and other rooms occupied during the day. The prevailing winds of summer and the genial influence of the sun's rays at all seasons, may also be made to minister to the comfort of the inmates, and the grounds immediately adjacent to the hospital should have a gradual descent in all directions, to secure a good surface drainage.

Form of Building — The wings should be so arranged as to have at least eight distinct classes of patients on each side; each class should occupy a separate ward, and each ward should have in it a parlor, or possibly an alcove as a substitute, a dining room with a dumb waiter connected with it, and a speaking tube or telephone leading to the kitchen or some other central part of the basement story, a corridor, single lodging rooms for patients, an associated dormitory for not less than four beds, communicating with an attendant's chamber, one or two rooms of sufficient size for a patient with a special attendant, a clothes room, a bath room, a wash and sink room, and two or more water closets.

Height of Hospitals—One story buildings have advantages only for a limited number of patients. The feeble, when accommodated in them, can more readily have access to the open air, and the same is true in reference to the excited, where private yards are immediately adjoining their wards.

Number of Patients in a Ward—As the total number of patients designed to be accommodated is two hundred and fifty, the average in each of the sixteen wards would be a little over fifteen, but the number may be varied somewhat by the character of the cases. Of the quiet, or supposed incurable demented, as many as twenty could be taken care of in one ward, with quite as much, or even more facility than less than half that number that are highly excited. Patients that are excitable rarely do well in large wards, and better discipline is almost invariably preserved in those that have a small number of inmates. Where seclusion is to be carefully avoided, it becomes particularly important that means should be provided, by which even the most highly excited or violent patient, may at proper times be out of his room, without being surrounded by a crowd of persons affected like himself. Every one familiar with institutions for the insane, will recall numerous instances of almost daily occurrence, where a single excitable patient introduced into a comparatively quiet ward, has in an hour almost entirely changed its character. A proper classification prevents all this.

Natural Ventilation — Although a forced ventilation is deemed indispensable in every hospital for the insane, still a natural ventilation should never be neglected. In most parts of the United States, during one-half of the year, there is a comfort in the fresh, cool breezes which may often be made to pass through the wards, that can not be too highly estimated, and every precaution should be taken to derive full advantage from them.

Security From Fire in Construction — In constructing a hospital, every precaution should be taken to provide against accidents from fire, and the building should be made as nearly fireproof as circumstances will permit.

Roofs—The roof should be of tin or slate, according to circumstances, and the cornice should project boldly over the walls for their protection, as well as for the sake of a good appearance, and to give a free passage for the water falling on the building. It is best that this cornice should be made fireproof, as this adds greatly to the safety of the building on the oc-

currence of a fire. The roof should have a good pitch, with as little obstruction as possible to the flow of water from it.

Size of Rooms and Height of Ceilings—The single chambers for patients should be made as large as can be well brought about, provided their dimensions are not so great as to lead to two patients being placed in the same room, which ought not to be allowed. Great convenience will be found in having in each ward at least one chamber of the size of two single rooms, for the use of a patient with a special attendant, or in cases of severe illness.

Doors—The doors may be made to open either into the rooms or into the corridors as may be thought most desirable. As the patients' chambers, however, are small, and as great annoyance and no little danger frequently result from patients barricading their doors from the inside, so as to render it almost impossible to get access to them, the plan of making the doors to open into the corridor is generally to be preferred. The only advantage resulting from the doors opening into the rooms, is that they are less likely to be forced by the efforts of patients from the inside.

Locks—The locks in a hospital for the insane, are subjected to such constant use, that they should be made with great care, and the parts most likely to wear should be case-hardened. The keys for the male and female wards should be so entirely different, that it will be impossible by any slight alteration to make those for one side open the locks for the other.

Windows and Window Guards—Those who recommend unguarded windows, would seem to have little appreciation of the risks, which are sure to occur, or of the fatal results, that sooner or later will scarcely fail to happen.

The iron verandas along the whole front, which have been suggested for the South, would prove very costly and could not be used with safety by the patients, unless made so as almost to resemble extensive cages. Good thick walls, with the airspace in them, with other less expensive arrangements, will be found more effectual in promoting the comfort of the patients.

Inside Window Screens—For various purposes, it becomes necessary to screen the inside of the windows of a portion of the patients' rooms. This is not only to prevent the breaking of glass when their inmates are excited, and to secure the windows from being opened at improper times, but it is also a protection in some very determinedly suicidal cases. For nearly all purposes, a neat wire screen well secured on a hinged frame, and having a spring lock, will be found sufficient, while it admits the air and light, and does not obstruct the view of the scenery beyond. For a very few rooms in the most excited wards, it may be proper to have only a small window, too narrow to permit the escape of a patient, and too high to be easily accessible. The forced ventilation—never to be dispensed with—will make the air in these rooms as pure as in the others.

Stairs—They should be so arranged as not to be exposed in any ward.

Associated Dormitories—In State or other hospitals receiving all classes of patients, a certain number may, without disadvantage, be lodged in dormitories containing from four to six beds, and communicating by means of a partially glazed door with the room of an attendant. As far as this can be done with safety, it is unquestionably the cheapest mode of providing for patients, but it is very easy to carry it to an extent, that will prove most injurious. Two patients, however, as already said, ought never to be placed together in one room; this is dangerous and often demoralizing. A large dormitory with special supervision, is vastly preferable. About one-fourth of all the patients in a State hospital may probably be thus lodged without material disadvantage, and perhaps a twelfth of the whole number of such cases, may really do better in associated dormitories than in single rooms. These last are principally among the timid, who dread being alone at night, and some of the suicidal, who will remain quietly in bed if another person is in the room, but who cannot be trusted without company; although for the latter class, nothing but constant and intelligent watching can be deemed a safe reliance.

Bath Rooms—An attendant should always be present, when protracted baths are used, especially by patients who might be injured by them.

There should also be two or three marble, porcelain, or enamelled cast iron wash basins in one section of the bath room—or preferably, in another room, to be used especially for washing,—and furnished with hot and cold water pipes. In the wards for excited or suicidal patients, the hot water should be under the control of the attendants, to prevent accidents. An arrangement for shower and the various other baths, and for the douche, similar to what is used in private families, may also be introduced over or near the bath tub, but there is little necessity for the formidable fixtures often provided. Unless a patient can be persuaded to take the shower-bath or the douche voluntarily, its use is very problematical. Provision should be made for hip, foot, and hand baths; and a few towels properly secured,—but never, the ordinary roller towel, from which fatal results have often occurred,—with various other contrivances, should be a part of the furniture of each bath room.

The floors of bath rooms that are much used, may be of smooth German flag-stone, slate, or other material, that will not absorb moisture, and no wood should be used for washboards. Ordinarily, however, the common floor, well painted or oiled and varnished, answers every purpose. Special provision for warming all bath rooms, wash rooms, and water closets, should be made, so that full advantage can be had of hot baths, and the taking of cold be prevented.

Water Closets—It is unquestionable, that as a general rule, not one-half enough water closets are pro-

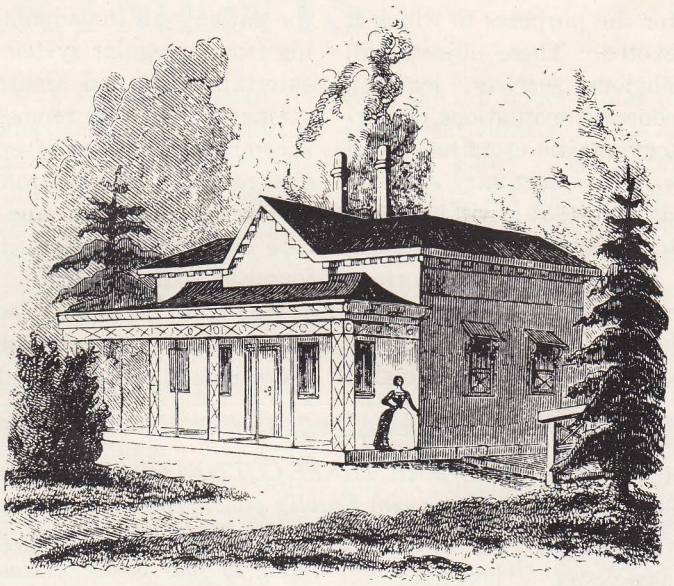
vided. There should be at least one for every ten persons in a ward. To prevent all offensive odors from water closets and urinals, it is indispensable that it should be some one's special business to keep every thing about them clean, and in order, at all times.

It is especially important about bath rooms, water closets, and sink rooms, that nothing should be boxed up. Every thing should be left open and exposed to view, there should be no harbor for vermin of any kind, no confined spot for foul air, or the deposit of filth, and all wood and every other material that will absorb moisture, should as far as possible be discarded from the floors and from every other part, except for the seats of water closets, where the best mahogany or other hard wood will be desirable.

Ward Drying Rooms — Another source of annoyance and unpleasant odor in our hospitals for the insane, is that rather peculiar one, exhaled from the wet cloths and brushes so constantly required to be used, and which must necessarily be kept in the wards. This is what is frequently called "hospital smell," and it is often wrongfully attributed to personal exhalations, instead of the real cause. To remedy this prevalent difficulty, which must be familiar to all who spend much time in the wards of many hospitals, it is proposed to have a series of rooms—one connected with each ward, or serving for two contiguous wards—thoroughly heated by steam pipe and with a good current of air from the fan always passing through them, in which all articles of the kind alluded to should be placed immediately after being used, and where they should be kept till dry.

Heating and Ventilation—A complete system of forced ventilation in connection with the heating, is indispensable to give purity to the air of a hospital for the insane, and no expense that is required to effect this object thoroughly, can be deemed either misplaced or injudicious.

It must not be forgotten that a large amount of ventilation is required in every hospital, and that all ventilation in winter is loss of heat. A building not ventilated, may be thoroughly warmed by one-half the fuel required for one that is, but nothing can be more destructive to health than a residence in the former, or be further from a true economy.



Patients' Cottage, Kirkbride's.

Axioms of Heating and Ventilation—No ventilation can be deemed worthy of the name that is not forced.

Of all the means for forcing ventilation, the fan is the most economical, most efficient, and most reliable.

Forced ventilation is required, at all seasons, and at all hours. A fan should be kept in motion at night as in the daytime; in summer as in winter.

Patients' Work Rooms—In addition to the general carpenter shop, in which many male patients may be advantageously employed with the regular hospital mechanic, it is also desirable to have work rooms in the hospital building, or near it, readily accessible, in which a great variety of occupations and many kinds of handiwork may be carried on, in charge of competent attendants. This applies to the female as well as to the male patients. It has been shown very conclusively that females become as much interested in mechanical employment as men, and there is nothing that seems so thoroughly to wean one's attention from delusions, especially when it requires close attention in its performance. The variety of occupation for women is only limited by the facilities provided for the purpose, and among these may be prominently mentioned turning and printing, and all sorts of fancy work in wood and pasteboard. To these may be added a full provision for cooking by gas, and the making of dishes for the sick and dainty preparations, in which so many of the female patients will be found interested. The latter arrangement is also very useful as one branch of instruction for the attendants, making them, under careful supervision, accomplished in the preparation of everything required by the sick or convalescent in the way of diet—a kind of knowledge which is especially important for those expecting to engage in private nursing. All hospitals for the insane are, indeed, most important schools for the education of private nurses; without making any special pretensions, they are constantly doing work among the patients, and that this is appreciated by the community, is shown by the constant demand made for their services in families.

General Collection Room — A room of this character is indispensable in every hospital for the insane. It should be of a size capable of accommodating at least two hundred persons, or four-fifths of the entire ward population, and should be bright and attractive, fitted up with everything

desirable for the purposes to which it will be devoted. These objects will include religious services, lectures, readings, concerts, exhibitions of various kinds, gymnastic exercises, social parties, etc. These uses vary so much in their character, that it will be found convenient to have two such rooms, connected with a hospital. Such a room cannot be dispensed with anywhere without much loss. This is especially so, where it is intended to give the patients all the advantages resulting from a regular system of evening entertainments and amusements.

One or two other rooms, capable of accommodating from fifteen to twenty patients, may also be profitably fitted up as school-rooms, and under the care of intelligent instructors will be found extremely useful.

Washing, Drying, Ironing, and Baking—As a general rule, all these operations should be conducted in a building entirely detached from the main structure and at least one hundred feet from it. Under some peculiar circumstances, the baking and ironing may be carried on in the hospital building, but ordinarily it will be desirable that they should be provided for in the position first suggested. The washing and drying of clothes should never be done in the hospital.

Cost of Hospitals for the Insane—It must not be forgotten, as already observed, that State hospitals are for all classes, and it has been well said, that various comforts and arrangements which are necessary to prevent some portions of the community from feeling positive privation, are equally valuable as proving curative to their less fortunate fellow-beings.

In all discussions in regard to the cost of providing accommodations for the insane, it is to be remembered, that whatever the cost of a hospital may be, it is not to be divided among the number who first fill its wards, but among all, the thousands, who in the future—all the future, while it lasts—are to avail themselves of the accommodations it offers. The necessity for these institutions not being likely to diminish in the slightest degree, it can be understood that the excellence of workmanship and materials, which alone secures permanence, is nowhere more justifiable or desirable, and is nowhere more truly economical.

Concluding Remarks on Construction—I cannot close these remarks on the construction of buildings for the insane, without acknowledging my obligations to Samuel Sloan, Esq., the distinguished hospital architect,—examples of whose taste and ability are to be seen in so many sections of the country,—for his suggestions and assistance in the long period during which I have often had occasion to avail myself of his professional services. No one of his profession in this country or elsewhere, has had equal opportunities for a practical knowledge of every detail of hospital architecture, or has done more to elevate its style and to promote the convenient arrangement of these buildings.

"OUTWEAR THREE COTTON OUTFITS—that's our experience with Karoll's panty-type dresses in our maximum security wards. The Karoll dress is one garment, eliminating the handling of four pieces of clothing—dress, slip, panty and brassiere".

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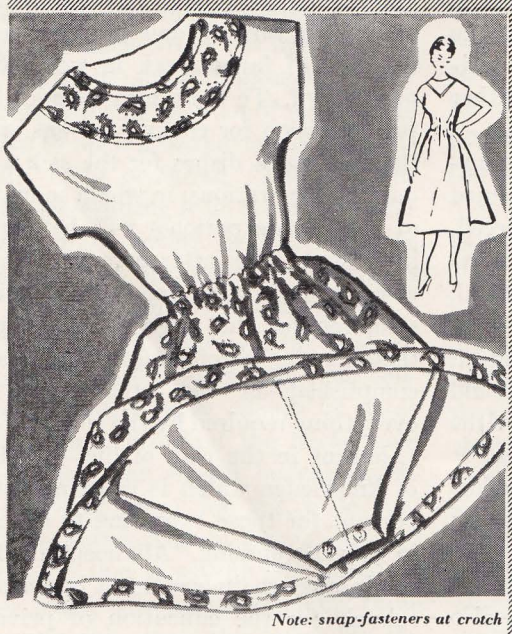
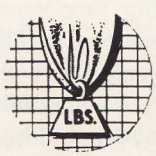


Note: snap-fasteners at crotch

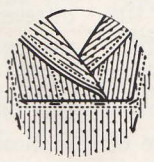
Cheery, sturdy! Snap-fastened built-in panty

All-in-one garment, designed and tested by institutions for mental and retarded patients. Inhibits the exposure impulse, resists tearing. Slips on over head. No brassiere or other undergarment needed. Snap-fasteners at crotch aid toilet training. Pleasing patterns or 2-tones with round, V or square neckline. Needs no ironing. SuperMaid sizes 12 to 62 for women; SuperLassie sizes 7 to 14 for girls. Send for swatches, brochures on garments for every need.



Amazing strength! Doesn't weaken in repeated washings, after months of use.

Patterns, colors fade-proof tested; fabric Sanforized for long lasting fit.



Double needle lock-stitched throughout; stress points reinforced, bar tacked.

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DEPARTMENTS

MEDICAL JURISPRUDENCE

A change has been made in the mode of commitment in Massachusetts, and it is no longer necessary that any insane person should appear in open court. The whole process of examination and commitment is now completed in a private room. This is a change in the right direction, and will relieve the unfortunate subjects from useless and cruel annoyance, and us from much trouble.

It is becoming important to the asylums for the insane in our commonwealth, that if possible, some legislation be had to prevent the Superintendents' being called from their official duties to testify, as experts, in criminal as well as civil cases. If, however, the constitution does not allow this exemption in full, I would respectfully enquire whether it would not be competent for the general assembly at least to enact that these officers shall not be thus summoned on the part of the commonwealth.

Francis T. Stribling, M.D.
Physician & Superintendent,
Western Lunatic Asylum,
Staunton, Va.

It was once very commonly laid down as sound law, that if a person, however insane, still knew right from wrong, or evinced the power of laying plans, he was responsible for his actions. These tests, however, are seldom offered now, because their insufficiency has been satisfactorily established. It has been ascertained that he may think himself justified by the circumstances, in committing a criminal act, while his abstract notions of right and wrong may be as clear and distinct as ever; and that the faculty of planning and designing may not be at all impaired by the presence of insanity.

Isaac Ray, M.D.
Butler Hospital for the Insane, R.I.

INSANITY AS A PLEA FOR CRIME: It will be recollected, that in London, a short time since, a murder of the most shocking character was committed by one McNaughten, a clerk in one of the government offices, who shot a Mr. Drummond, whom he mistook for Sir Robert Peel. It appears from recent advices, that the murderer has been tried and acquitted on the ground of *insanity*. This verdict has created a great sensation in London, and Lord Brougham, in the House of Lords, has expressed his desire that the attention of Parliament should be directed to the subject of insanity as a plea in case of murder.

That this subject is one of the highest importance, so far as it may affect the administration of justice in criminal cases, must be admitted by all. The plea of insanity is now interposed in most cases of aggravated offences against the laws, and it is generally sustained. It therefore becomes a question of the greatest consequence to determine how and under what circumstances such a plea should be made available. It seems to be considered that the grosser the crime, the stronger the evidence of the insanity of him who commits it. Now it must be admitted that it is a comparatively easy task for an artful man who contemplates the commission of an offence, so to conduct himself as to persuade those with whom he may associate, that he is suffering under an aberration of reason. There are but few who are sufficiently acquainted with the laws of mind to detect the difference between real and assumed insanity, and a corrupt man, bent on crime, may secure by his own course of conduct, manifested either previously to or after the commission of an offence, troops of witnesses, who will unhesitatingly and honestly testify as the criminal intended they should, when contemplating the commission of crime, or after its perpetration.

Cases are familiar to all who have reflected upon the subject, where the criminal has slipped through the meshes of the law under a plea of insanity, and by the curative effects of a verdict of "not guilty," has been suddenly restored to his right mind. The well known case in Philadelphia, of the father who murdered his daughter for a trivial cause, with fiendish malice, but with imperturbable coolness, is in point. His friends found no difficulty in procuring witnesses enough to testify to his insanity, and he was acquitted. He is now engaged in business in Philadelphia as usual, and will no doubt continue in a sane state of mind until his passions shall be again inflamed, and a new motive for mischief shall drive him to the commission of another crime.

The subject is one which demands serious and careful investigation.

From: The Oneida Whig, N. Y.,
1843

COSTS

The average cost per annum of keeping a patient in this Institution is about one hundred and twenty-five dollars. This includes subsistence, medicine, officers' salaries, and every other expense, except clothing. The amount expended for current expenses is a fraction over three hundred and thirty dollars for each county in the State.

Indiana Hospital for the Insane
Indianapolis

Cheap arrangements for the care of the insane are incompatible with the attainment of the highest realities in the professed ends of such institutions. A liberal and generous provision of every means which can conduce to the safety, comfort and recovery of the patients should be our purpose, and nothing short of that will secure the best results attainable by human effort.

Thomas F. Green, M.D.
Supt. and Resident Physician
State Lunatic Asylum in
Milledgeville, Ga.

CLASSIFICATION

The subject of the classification of the insane, in institutions devoted to their care and cure, is so important, that, for the purpose of enlightening public sentiment in regard to it, and establishing it as one of the strong grounds for carrying out the original design of additional wings to the present structure, I quote observations in regard to it, by Dr. Bell, the distinguished superintendent of the McLean asylum, at Somerville, near Boston, Massachusetts, (now, alas, announcing his impending retirement).

In one of the reports of that institution, he says:

"It will readily be conceived that to place a wild and frantic maniac in an apartment with a refined and timid individual whose sole deviation is one false or delusive idea, or to permit a demented epileptic, lost to all sense of decency and propriety, to sit at table with one whose intellect is perhaps unchanged, but whose affective sentiments alone are disordered, would be alike inconsistent with the happiness or recovery of the party capable of suffering.

"These are extreme and palpable cases, but others are no less important. There is a nice adaptation of intellects, of feelings, of social position, of cultivation of mind and manners to be arranged in consociation, forming a great and oftentimes difficult problem to be solved every day within an asylum, and with a correct and judicious determination of which, the welfare of each individual is more or less closely connected. Nor is it merely in such a classification that injury may be avoided. Experience shows that the very highest curative advantages are effected by the mutual action and attrition of disordered minds upon each other. Emulation, forbearance, self-respect, benevolence, diversion of disordered ideas into new and natural channels, are all capable of being secured by a proper association of different individuals."

H. A. Buttolph, M.D., Sup't.
New Jersey State Lunatic Asylum,
Trenton

THE INCURABLE

There is another end in view besides the great design of restoration to sanity; it is true of less moment, but still of great importance. We refer to the duty of rendering the incurable as comfortable as their sad condition will allow, and soothing and softening their mental affliction as far as the case will permit. Here, too, there is a ceaseless and joint endeavor on the part of those having the insane under their care in asylums. We find, indeed, that although in our opinion a certain degree of firmness is always advantageous, and although indulgence cannot be carried to its full extent without prejudice, yet, in the treatment of a large number of the insane, we discover that our success in their management and cure is commensurate with the reasonable comfort, the kindness, and the comparative liberty that we allow to them.

John M. Galt, M.D.
Supt. and Physician
Asylum at Williamsburg

Provision for Incurables: The idea of providing asylums for incurables—more custodial mad-houses—will, it is hoped, never be seriously entertained. Such are mere pretenses of philanthropy—the base coin of benevolence. Every Insane Hospital should be in charge of a Medical Superintendent; a physician well acquainted with the science of his profession, and of large experience both in general practice and the treatment of mental disorders. Does anyone suppose that such a man would take charge of an asylum for incurables, where there would be but a remote chance of amelioration in some few cases, to awaken his energies or call forth his skill? Assuredly not. It requires all the healthy stimulus of a fair percentage of cures, to insure the good treatment of patients in an Insane Hospital. The physicians require it, the nurses require it, the servants of the institution require it, and the patients themselves require it. No amount of control or inspection will secure the best treatment for the incurable, unless they be mixed up with the curable, in the same establishment, then both will be treated alike. In a well managed hospital, they do no harm, on the contrary often much good, and make themselves useful in many ways to the violent, the very sick and the convalescent, not to mention that they are commonly the best workmen. To the kindness, assiduity and gentleness with which they attend other patients who may be unusually suffering, every medical officer of an insane hospital can bear witness. While good policy prompts the immediate provision of the means of curing the curable, strict justice demands that those who have been condemned to hopeless lunacy, for want of that provision, should not be abandoned to a harder fate than that of irreclaimable criminals, but share the benefits they have as good a right to, as their less afflicted fellow sufferers.

Dr. Hanbury Smith,
Ohio Lunatic Asylum, Columbus

Two hundred and one patients have been in the Asylum in the past two years. I cannot say that this number have been under treatment for insanity, for, as this is a perpetual asylum, affording a home for life to the hopelessly insane, a sufficient number of that class have accumulated in the State, to more than occupy the room we now have.

Preston Pond, M.D.
Physician, Insane Asylum of
Louisiana
at Jacksonville

RESTRAINTS

The Trustees of this Institution caused the forty-two *strong rooms,* which the Hospital contained as originally constructed, to be demolished, and other and suitable apartments to be constructed in their stead. They desire to call renewed attention to the admirable working of this improved system, the entire absence of close confinement and physical restraint,—a system in which humanity and sound policy go together hand in hand. In

no instance has the want of closed cells been felt, and not the slightest trouble has been experienced in controlling the movements and governing the conduct of those hitherto most furious and filthy. Left perfectly free, so far as physical restraint is concerned, those very patients who have heretofore been caged like wild beasts, and feared as such during the past year, have gone about among their fellow-beings, tidy in appearance, quiet in demeanor, and with no evil consequences to themselves or others. Thus the experience of another year is added to, and confirms and crowns the experience of last year. And so happy are its results, that we feel constrained to urge upon all, who have the care of the insane, to abandon what we regard as the barbarous relics of an ancient but mistaken policy, and at least to try the experiment of that system, which is based upon the enduring principles of human kindness and love.

State Lunatic Asylum, Taunton, Mass.

RESTRAINT: They talk in England, and upon the continent, of their *recent improvements* in these respects; of the value of mild treatment, and the disuse of all harsh means, and cruel restraints, describing, at the same time, the means which their experience has proved to be sufficient. It is well. We are thankful the things which they have laid aside, have never been in service with us. What they call mild restraints, have always been our strongest measures, and their conclusions, our point of beginning.

Wm. L. Awl, M.D.
Former Superintendent
Ohio State Lunatic Asylum, Columbus

MEDICAL TREATMENT

In connection with a Hospital for the Insane, containing a large number of patients, an Infirmary, to which those attacked with common diseases could be removed, separated some distance from the main building, where they could be protected from the harassing noise of the more turbulent patients, and receive the attention of proper nurses, during both the day and night, would seem to be an essential part of a complete establishment. Hitherto, I have managed as well as I could, by treating the sick in their own rooms during the warm weather, and employed one of the larger rooms, warmed by means of a stove, in the inclement season of the year. It is very hard upon the attendants who are kept busy all the day watching over and waiting upon the patients, and occasionally a good deal harassed by attempts to sooth and control the more miserable and turbulent, to be compelled to sit the one half or the whole of the night nursing the sick. When the wards are full, should there be much sickness, a separate hospital apartment, with additional nurses, will be indispensable.

S. Annan, M.D. Sup't.
Western Lunatic Asylum of Kentucky

PUBLIC BELIEFS

IMPORTANCE OF THE SUBJECT OF INSANITY BEING MORE GENERALLY UNDERSTOOD: When that very desirable time arrives that the State shall expect the physicians having charge of the institutions, to exert themselves in diffusing a knowledge of the special branches of the healing art which may be cultivated in them—when the mystery in which the subject has been needlessly—it is to be feared, purposely—shrouded, shall have been dissipated,—when a knowledge of the nature and treatment of insanity shall be looked upon as indispensable to the well educated physician, and colleges shall make the possession of that knowledge a condition necessary to the obtaining of a diploma,—then will establishments like this, mainly intended for the *cure of mental disorders, not the custody of the incurably insane,* cease to have their wards filled with hopeless cases. A knowledge of the nature and treatment of insanity at all commensurate with the vast importance of the subject to society, would enable medical practitioners to decide, in general, which were fit subjects for such an institution as this, and which ought to be confined in a county infirmary, or might more properly be provided for by friends.

Dr. Hanbury Smith,
Ohio Lunatic Asylum, Columbus

It is a most unfounded and unjust prejudice, that obtains in this country, and it is one that has led to much mischief, that because an individual in a family has become insane, and by improper treatment his disease has become confirmed, there is madness in the blood, or an hereditary taint in the family. I say this is a most mistaken and unjust prejudice, which I hope soon to see exploded, with all that remains of that darkness and mystery which originated in superstition and ignorance, and has been continued by knavery and quackery, and which, unfortunately, still surrounds and renders obscure one of the more mild and simple diseases, that ever affected the human frame. Can bad treatment render a disease hereditary? The idea is absurd; yet in ninety-nine out of every hundred incurable cases, the disease has been made permanent by ignorance and neglect, or rendered confirmed by cruelty and improper management.

Dr. Halliday,
Ohio Lunatic Asylum, Columbus

ADMINISTRATION

All the patients of the two classes, public and private, have daily exercise in the open air when their health and the weather are suitable; except when the conduct or language of any one renders it necessary for the safety of others, or for the sake of decency, to restrict him for a time. The men can have outside privileges more uninterruptedly, it is true, than the females; but this is because men and women are received into the same hospital. It is necessary when the latter are in paroxysms of excitement to seclude them from the observation of male patients and attendants through the windows which overlook the grounds. This disadvantage is known by Medical Superintendents to be common to all institutions for the insane where the two sexes reside on the same spot. If

there were no reasons but this one for a separation of the sexes in distinct hospitals, your Resident Physician would cordially subscribe to the recommendations of Dr. Chandler of the Worcester Hospital, Mass., Dr. Benedict, of the Utica Asylum, N. Y., and Dr. Bell, of the McLean Asylum, Somerville, near Boston, in favor of separation as a new step, which ought to be made for the advancement of the facilities of medical men in discovering and applying the distinct advantages which the peculiarities of each sex ought to have for the mitigation and the removal of its insanities.

John Fonerden, M.D.,
Resident Physician
Maryland Hospital for the Insane,
Baltimore

If I know my own heart, it is not, I am sure, because of any desire for authority that I insist on the necessity as the growing measure of the important reform now set forth (what is indeed upheld by the partisans of the existing mode of management), that the superintendent of an asylum shall be endowed with the absolute control of all those ministering, along with him to the wants of his afflicted charges.

John M. Galt, M.D.,
Supt. & Physician
Eastern Lunatic Asylum, Virginia

CAUSES OF INSANITY

There are certain elemental parts in the constitution of every healthy mind which demand some sort of outward expression; and the error of the age consists in considering the kind of expression demanded as something to be suppressed, discouraged, or at any rate, to be clipt, trained or dwarfed to a shape at which exuberant nature revolts. The crater of natural expression is so thoroughly capped by the force of public opinion that secret vices gnaw and gender in the hidden recesses of the soul. When the writer of this report attempted, several years since, to find this class of cases in the insane hospitals of Continental Europe, to his surprise, they were almost wholly wanted; and although abounding to a greater extent in those of Great Britain, they were derived from what are there termed "the lower classes." An observer can find tolerance for the Sabbath crowd of a German beer garden, in the counter observation that it keeps down the population of the lunatic asylum. The race-course, the regatta, the cricket-ground, and the boxing-club, banish such vices in a great measure from the wealthier and more educated classes of British society, and confine them to the sedentary artisan, forced to celibacy by his poverty, and denied the costlier amusements of his richer and more aristocratic neighbor.

So long as we have no national amusements whatever, so long as mirth and sport are considered exclusively as puerilities, so long as the college is without its gymnasium, and its traditional sports, and the schoolhouse has no well-trodden playground, so long as man is an iron-bound and close riveted dollar-grinding automaton, which bends every moment at some false shrine of morality or respectability, just so long will the wards of American institutions for the insane be thronged. If society will constantly wear its Sunday dress of enforced constraint, it must pay for the privilege in such coin as violated nature chooses to exact.

Andrew McFarland, M.D. Supt.
Illinois Hospital for the Insane

From Dr. Robert K. Reid, Resident Physician of the State Insane Asylum in the City of Stockton, California, comes a good letter about various causes of insanity among his inmates during the past year. To moral causes, comprising mental excitement, domestic affliction, pecuniary or political disappointment, desertion of husband, wife, or mistress, love and jealousy, grief and fright, religious excitement, disappointed affections, loss of property, intense application, seduction and desertion, spirtualism and mormonism, he ascribes 137 cases. whereas physical causes — intemperance in spirits, opium and tobacco, dissipation and exposures, consequence of parturition, suppressed menstruation, congestive fever, typhoid fever, injury of head, coup de soleil, masturbation, amativeness, ill health, epilepsy, syphilis, effect of poison, meningitis and hereditary account, together with some 23 with causes unknown, for 231 cases of insanity. By far the most numerous cause in this newest of our states, is mania à potu. Such intemperate persons recover as soon as

OFF HOME!

(Patient's Drawing from THE OPAL*)*

In its earliest stages, insanity is one of the most manageable of diseases. The experience of quite a number of years demonstrates that eighty per cent of recent cases are curable; which, in cases of long standing, but twenty per cent is the average recovery. We trust, then, that a better understanding of the nature and curability of insanity will, before long, suggest to every family in which a case occurs, the propriety, humanity and necessity of at once placing them under the medical and moral influences of an Insane Asylum, and thus securing for them that perfect seclusion so necessary in their treatment.

WESTERN PENNA. HOSPITAL, PITTSBURGH.

the cause is removed, and demand their discharge, not to maintain a correct and orderly deportment, but to resume their depraved and debasing habits as before. For this reason, Dr. Reid is pleading with the legislature for legal authority to detain these persons so long as may be necessary to effect a complete and permanent reformation. Or, as before suggested, let the legislature enact that every person habitually intemperate, shall be subjected to all the legal disabilities of the insane.

Probably in no part of the world are the causes of insanity more numerous and more active than among the population of Massachusetts. Here the mind, and body too, are often worked to the extreme point of endurance. Here wealth and station are the results of well-directed efforts; and the general diffusion of intelligence among the whole people stimulates a vast many of them to compete successfully for these prizes. But in the contest, where so many strive, not a few break down. The results on their minds may not, perhaps, be any less disastrous, whether wealth and station are obtained or not. The true balance of the mind is disturbed by prosperity as well as adversity. It is only in a sound body that the manifestations of the mind are sane and entirely healthy. As a people, we cannot boast of the highest standard of physical health, although we may of general intelligence, enterprise and hard work.

George Chandler, M.D.
State Lunatic Hosp. Worcester, Mass.

OVERCROWDING

During the year previous a large number of patients deemed incurable had been brought here with the intention of their making this their permanent home. Most of these persons still remain, though a few, contrary to all expectation and almost to belief, have recovered perfect health and integrity of mind and have returned to the pursuit of their ordinary business. In this way our house is fast becoming filled with permanent residents, rendering us unable, with our present accommodations, to receive but about one half of those who apply.

John E. Tyler, Supt.
New Hampshire Asylum for the Insane, Concord, N. H.

STAFF RATIOS

The Inspecting Committee of the Bloomingdale Asylum, in their report to the Asylum Committee, declare that there are too few nursing attendants employed for the number of patients. Last year there were only 11 attendants for 59 male patients and 9 for 66 females. Very many of the patients, it was said, were listless and indifferent, and wholly unoccupied. The Inspecting Committee also recommended that the position of assistant physician be established, and this was approved by the Asylum Committee. It is expected that the recommendation will in course of time be adopted by the Board of Governors, as it is evident that Dr. Brown, the able superintendent, is in dire need of help.

VIEW OF LUNATIC ASYLUM, COLUMBUS, OHIO.

THE MEDICAL TREATMENT OF INSANITY

By the Late Amariah Brigham, M.D.
Formerly Superintendent New York State Lunatic Asylum at Utica

No specific remedy for insanity has yet been discovered. Different cases require very different treatment, and that which would be serviceable at one period of the complaint, might be injurious at another. According to our experience, recent cases for the most part require a mild antiphlogistic course; but regard should be had to the cause of the insanity. If produced by long continued grief, ill health, loss of appetite, sleeplessness, or by some debilitating complaint, then tonics and opiates are often required at first. If occasioned by a blow or other direct physical injury of the head, or by some sudden and violent mental commotion, while in good health, free depletion by bleeding and active cathartics are useful and often indispensable. But such cases are seldom seen in lunatic hospitals. We have rarely considered it advisable to have recourse to general bleeding at this institution. Occasionally, where there is much cerebral excitement we have resorted to topical bleeding, but more frequently, even in such cases, we derive benefit from placing the feet in warm water; the application of cold to the head and the movement of the bowels by laxatives. Pouring cold water in a small stream from a height of four or five feet directly upon the head, is generally one of the most certain means of subduing violent maniacal excitement that we have ever seen tried. But this should be done in a gentle manner and under the immediate observation of the physician, and should not be continued but for a short time; we also advise never to resort to it when the patient's bowels are confined, or when he has just been eating and his stomach is full. The warm bath is also serviceable in many cases to calm excitement; but for this purpose it should be long continued, at least half an hour, and cold water should be gently applied to the head at the same time.

In a few recent cases Croton oil has proved very beneficial, and we have thought particularly so in some cases that seemed to be cured by the use of it, after other cathartics had been tried. Of all medicines it is the most easy to administer to a patient that refuses to take any, and we have often used it, and never with any unpleasant result, though we think it should be cautiously given, and never in cases of insanity without some especial reason for using it instead of some milder laxative.

Bathing in warm water we think beneficial in most cases. Bathing in cold water or showering, we seldom resort to, probably we should have recourse to the latter more frequently, if not from the impossibility of preventing patients from supposing it to be intended as a punishment.

Opium has always been used at this Institution in the treatment of insanity, and often with great success. In some cases it appears to be useless, and in a few, injurious, particularly in those in which the skin is hot and dry and the pulse full and hard. But such cases are rare. I do not, however, think it a remedy, that of itself, very often cures this disease, but it is a valuable adjuvant to others, and secures a beneficial degree of calmness that can not be obtained without it. In some cases, however, it seems of itself to effect a cure. Of this we can have no doubt after having seen many patients apparently recover while taking it freely, and immediately relapse on its being withheld, and again recover under its use, and finally after continuing it for a considerable time, and gradually diminishing the dose, recover and remain well for years without it. It also serves to render comfortable and to prolong the lives of many that are incurable, by relieving the nervous excitement and morbid irritability of body and mind, that tend perpetually to exhaust the powers of life.

We rarely give very large doses, seldom more than a one grain of the sulphate of morphine or one drachm of laudanum at a time, usually less. We generally prefer a solution of the sulphate of morphine, two grains to an ounce of water, to any other preparation of opium that we have used. We presume the acetate of morphine is equally good. In some cases, dovers powders has a better effect than morphine, and sometimes laudanum better than either.

Many cases, especially those of some months' continuance, require invigorating diet and tonic remedies. The insanity or rather the causes that produce the insanity, such as grief, anxiety of mind, intemperance, &c., have already debilitated the system, and much caution is necessary not to increase this debility. Hence although a patient may exhibit great maniacal excitement, and appear to have prodigious strength, there is usually danger of depleting.

Many of the patients sent to this Institution, have been injured by too much bleeding and depletion before they were committed to our care. Some we think have been rendered incurable by this treatment, and we cannot forbear from remarking, that in our opinion the work of Dr. Rush on the "Diseases of the Mind" in which directions are given to bleed copiously in maniacal excitement, has done much harm, and we fear it is still exercising a bad influence, and we hope no future edition will be issued without notes appended to correct the errors into which the distinguished author has fallen for want of the nu-

merous facts which have been furnished since his time, and which enable us to see the errors of our predecessors.

Insanity is often complicated with other diseases and these need attention. Nocturnal emissions not unfrequently occur to the injury of the patient. In such cases we have derived more benefit from *tincture of muriate of iron* in large doses than from any other remedy and we have tried very many. The insanity of some females seems to be caused and perpetuated by passive menorrhagia. It is apt to occur about the time the uterus is losing its functions, and is difficult of cure. We have sometimes derived much benefit from the use of *tincture of muriate of iron,* but more frequently from the tincture of cinnamon and tincture of aloes combined, from twenty to thirty drops each.

We are not, however, neglectful of any new remedy proposed by respectable authority for the cure of the insane, and endeavor to give all such a fair trial.

Thus we have tried the *Datura Stramonium,* &c. highly recommended by Dr. Moreau, of Tours, for the cure of hallucinations of sight and hearing, and regret to say that after a thorough trial of this remedy, in many of these perplexing cases we have observed no material or permanent benefit from it.

We have also had recourse to *electro-magnetism* in numerous cases, but without any other good effect than that occasioned by the amusement and interest created by the use of it, and which was momentary.

Not long since the *Cennabis Sativa* or *Hachisch,* the active principle of which is the basis of various intoxicating drinks used in Egypt, Syria and other countries in the east, was strongly recommended as a remedy for insanity.

Desirous of testing the efficacy of this remedy in cases of insanity, we procured about two ounces of the pure extract direct from Calcutta. Most of this we have used in doses varying from one to six grains. From our limited experience, we regard it as a very energetic remedy and well worthy of further trial with insane. Still we cannot say from our experience in what classes of insanity it is likely to prove beneficial. On several who were demented it had no effect. On some that were melancholy it caused an exhilaration of spirits for a short time. Some felt as if intoxicated soon after taking it; others were made weak and sick at the stomach by it. To some it gave a headache, and some were rendered for a short time apparently insensible and cataleptic. On none had it any lasting effect, either good or bad.

Soon after the discovery that the *inhalation of the vapor of ether* had the effect to produce sleep and insensibility we had recourse to it as a remedy in various cases of insanity. In several instances the friends of patients requested us to use it, they having heard through the newspapers that it had proved serviceable in some cases. We administered it to a large number, both men and women, who were affected with various forms of mental delusion.

Some were cases of melancholy and religious despair, others were affected by various delusions and hallucinations, and some belonged to the demented class. To none highly excited or maniacal did we administer it. Some were not affected at all by it. One man and one woman inhaled it for more than ten minutes without experiencing the slightest change of feelings. Several seemed intoxicated and said they felt as if drunk. One who had slept but little for several nights, and who usually slept poorly, rested remarkably well the night after taking it, and said he must have taken a large dose of opium.

Some have appeared better since they commenced taking it, been more active, cheerful, and sociable. One who has taken it nine times seems considerably improved. He was previously dull, inactive and unsocial, and his pulse but forty-eight in a minute. Since the use of the ether his pulse has increased to sixty-six in a minute and he has been more cheerful and sociable and worked some. He says he is better, and thinks the ether has benefited him, but he might have improved without it.

A few were highly excited by it. One man who was in a state of religious despair, after taking it awoke as from a terrific dream, and in almost violent rage seized the person who administered the ether. When fully recovered from the effects of the ether, he recollected the assault and begged forgiveness. He afterwards said he should not like to take it again, assigning as a reason that his head felt strangely after using it, he however soon after recovered, and has now been well more than a year.

Some were pleasantly excited after using it. One danced. Another, when asked how he felt after awaking from a short sleep, replied "exactly, exactly neat, by jingo, I never felt better in my life than I do now." To none has it proved injurious, and we are rather favorably impressed with its use, though we do not expect any striking remedial effects from it.

We have also repeatedly given chloroform, and found its effects very similar to those of ether. But we have not administered either in recent cases of insanity, or to those highly excited and in a maniacal condition.

But we received one patient to whom chloroform had been given when first attacked and while greatly excited. It produced sleep, and the case went the round of the newspapers as one of recovery from insanity by the use of chloroform. But no ultimate good resulted, on the contrary, from the history of the case, the appearance of the patient when received into the asylum and the subsequent progress of insanity, though recovery finally occurred, we believe the chloroform was injurious and endangered the patient.

When carefully and moderately given, we have no doubt that it will prove serviceable in certain cases of insanity especially as a stimulant and where there is a want of arterial action; but as its effects are mostly exhibited upon the cerebral system, we advise caution in the use of it in all diseases of the brain.

Dorothea Lynde Dix Worked Alone

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APOLOGIA, 1955

"I, who am dead a thousand years
And wrote this sweet, archaic song,
Send you my words for messengers
The way I shall not pass along."

So speaks a modern poet to his remote successors.

It was with this idea that the publication of a "hundred year old issue" was first attempted. But it became quickly apparent that, except for some now outmoded medical practices and some terms no longer in use, there was little which could be termed "archaic" in reports and professional writing about mental illness in 1855.

Much of the material might have been written yesterday. Many of the things we strive for today were almost taken for granted during the great period of "moral management" of the 1840's and '50's. The freshness with which this material was presented, however, has led us to suspect that ideas were sometimes better expressed before the increasingly technical language of psychiatry developed. What today we call industrial therapy, recreational therapy and occupational therapy were then called more simply, work, play and hobbies. What we call "milieu therapy" was called "moral management." The words are simpler—and perhaps more effective.

Obviously, with the development of psychiatry beyond the mere empiricism practiced in the middle of last century, the language of the profession has quite properly developed in complexity to express more exact and scientific shades of meaning. But too often our modern psychiatric writers, whether themselves psychiatrists or trained in a different discipline, fall into the temptation of using complicated, latinized and contrived words where the simpler ones would express their meaning—and especially their feeling-tone—even more effectively. Doctors in the 1840's and '50's, lacking the highly qualified, scientific language of today, expressed their opinions in words which still have the power to evoke for us the very spirit of their loving-kindness toward their patients.

Our original pile of manuscript would have filled at least sixty pages. It was drawn from some 25 or 30 annual reports of 1855 (and occasionally earlier), generously lent by hospitals whose cherished archives they were. The ultimate choice was made on two criteria—to represent every mental hospital which existed then and to present, so far as possible, a properly rounded picture of psychiatric hospital practice of that time.

We fell into the temptation of using a limited amount of material from abroad, in each case because of the directness and importance of the material itself. Occasionally we allowed ourselves the indulgence of printing an item purely for the pleasure it affords us, regardless of its teaching value, examples being certain letters about gifts sent to Dr. Kirkbride for his menagerie, (P. 10) and the gentle regret in the passage by Dr. Stedman of Boston Lunatic Asylum regarding the deaths of some of his patients. (P. 10) Occasionally also we have gone back earlier than 1855 because the material seemed to be of extraordinary value.

The "feature stories" for the most part are excerpts from the writings of the great men of the day. We have avoided the irritating practice of showing elisions and have run the material straightforwardly, since the continuity, despite the cuts, is excellent.

In several cases, fire or other disaster had destroyed the earlier hospital reports, but, we were fortunate enough to find some actual quotations from the missing reports in the current (1854 and 1855) American Journals of Insanity. Careful searching through these and similar journals of the period has enabled us to include some authentic piece of information about every institution of that time which still exists today.

The article by Dr. Kirkbride was actually drawn from the second edition of his book, published in 1859—

the only example of material not already published in 1855. This was done on the grounds that the second edition was already in preparation by 1855, and it might well be supposed that Dr. Kirkbride would have included much of the new material had he been preparing an article for a journal in that year.

Illustrations gave us more difficulty. They were sparse and, indeed, with the exception of Kirkbride's book and one patients' journal, practically non-existent. Fortunately Dr. Clements C. Fry of Yale University kindly lent us some of the prints in his private collection, and we have used the best available from all sources.

It has proved impossible to stick to our original intention of avoiding all anachronisms in this issue. Post-office regulations demand that certain material be published. Our advertisers certainly could not key all their material to our plan, and we felt it necessary to have at least one article by a modern psychiatrist to explain our intentions. Therefore, we take the additional liberty of appending below a partial list of the people who have helped us in compiling this issue. In particular, tribute must be paid to the generosity and trustfulness of the many hospital superintendents who loaned us the reports which afforded the majority of the material contained herein. P. V.

HONORARY EDITOR:
WINFRED OVERHOLSER, M.D.

Hospital Superintendents and others who lent us their Annual Reports or sent excerpts therefrom: Dr. Henry H. Babcock, Butler H., Providence, Rhode Island; Dr. Walter E. Barton, Boston S. H., Boston, Mass.; Dr. Louis Belinson, Jacksonville S. H., Jacksonville, Ill.; Dr. Robert E. Bennett, New Jersey S. H., Trenton, New Jersey; Dr. Francis J. Braceland, The Institute Of Living, Hartford, Conn.; Dr. Joseph A. Cammarata, Dixmont S. H., Glenfield, Penna.; Dr. Theodore L. Dehne, Friends H., Frankford, Philadelphia, Penna.; Dr. Roy A. Edwards, Western S. H., Hopkinsville, Kentucky; Mrs. Margaret M. Farrar, Dept. of Mental Hygiene, Albany, N. Y.; Dr. Malcolm J. Farrell, Walter E. Fernald State School, Waverley, Mass.; Dr. Bardwell H. Flower, Worcester S. H., Worcester, Mass.; Dr. Clements C. Fry, Dept. of Health, Yale University, New Haven, Conn.; Dr. W. Everett Glass, Taunton S. H., Taunton, Mass.; Dr. William S. Hall, South Carolina S. H., Columbia, S. C.; Dr. O. S. Hauk, Central S. H., Nashville, Tenn.; Dr. Earl K. Holt, New Hampshire S. H., Concord, New Hampshire; Dr. Granville L. Jones, Eastern S. H., Williamsburg, Virginia; Dr. Murray Mackay, Nova Scotia H., Dartmouth, Nova Scotia; Dr. H. M. Murdock, The Sheppard and Enoch Pratt H., Towson, Maryland; Dr. T. G. Peacock, Milledgeville S. H., Milledgeville, Georgia; Dr. Howard K. Petry, Harrisburg S. H., Harrisburg, Penna.; Dr. James B. Pettis, Western S. H., Staunton, Virginia; Dr. C. H. Pottle, Hospital for Mental and Nervous Diseases, St. John's, Newfoundland, Canada; Dr. Walter A. Sikes, S. H. at Raleigh, North Carolina; Dr. Francis H. Sleeper, Augusta S. H., Augusta, Maine; Dr. Lauren H. Smith, The Institute Of The Pennsylvania Hospital, Philadelphia, Penna.; Mr. Philip A. Smith, Dept. of Mental Hygiene, Sacramento, Calif.; Dr. J. Butler Tompkins, Brattleboro Retreat, Brattleboro, Vermont; Dr. Isadore Tuerk, Spring Grove S. H., Baltimore, Maryland; Dr. L. Rene Vezina, Ministry Of Health, Montreal, Quebec, Canada; Dr. Lloyd E. Watts, Syracuse State School, Syracuse, N.Y.; Dr. C. L. Williams, Central S. H., Indianapolis, Indiana; Dr. W. Franklin Wood, McLean Hospital, Waverley, Mass.; and Dr. Bascom B. Young, Utica S. H., Utica, N. Y.

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NEWS AND NOTES

PROFESSIONAL NOTES

ASSOCIATION'S TENTH ANNUAL MEETING: The Tenth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane will take place in Boston, commencing May 22d. Some twenty-seven members of the Association are expected to attend this meeting, which will convene in the Massachusetts Senate Chamber. The use of the Senate Chamber is an unexpected boon, having been arranged through the good offices of Dr. C. H. Stedman, a member of the Senate and late of the Boston Lunatic Hospital.

Dr. Luther V. Bell of the McLean Asylum has announced his intention to resign as President of the Association, and it is expected that Dr. Isaac Ray of the Butler Hospital, who is presently serving as Vice-President, will be nominated his successor.

EIGHTH ANNUAL MEETING OF A.M.A.: The officers of the Pennsylvania Hospital for the Insane and of the Pennsylvania Training School for Idiotic and Feeble-Minded Children have issued invitations to members of the American Medical Association, ladies, and their parties, to visit their respective institutions while in Philadelphia for the Eighth Annual Meeting of that Association, which is to convene May 1st.

DISUSE OF OBSOLETE TERMS: Word has reached us that our counterpart association in Great Britain, the Association of Medical Officers of Asylums and Hospitals for the Insane, will consider a resolution advocating the disuse of certain terminology. Members of the Association will be required, as far as possible, to abstain from the use of such terms as "lunatic" and "lunatic asylum" and, except for official or legal purposes, to substitute the terms "insane person" and "asylum" or "hospital for the insane." The resolution will be presented at the Association's Annual Meeting, to be held at London in July.

INSTITUTION NEWS

MICHIGAN ASYLUM FOR THE INSANE —The Michigan Legislature of 1855 has made an appropriation of $67,000 to continue the construction of the Asylum for Insane, at Kalamazoo.

N. C. STATE LUNATIC ASYLUM—Construction of the State Lunatic Asylum at Raleigh, N. C., is nearing completion and the Asylum is expected to be ready for admission of patients by next year. The site on which the institution is located was chosen by Miss Dorothea Dix, at the request of the Legislature, and named "Dix Hill", in honor of her grandfather.

HAMILTON COUNTY LUNATIC ASYLUM:—A farm was purchased some years since, for the home of lunatics, not far from Cincinnati, Ohio, in the above-named county, and suitable buildings erected thereon. From the statements in the report now before us, the whole establishment appears to be in a satisfactory condition. It was first opened in 1853.

MOUNT HOPE ASYLUM FOR THE INSANE is situated two miles from the city of Baltimore. It was established thirteen years ago. It is a private institution, owned by the Sisters of Charity, who have the general management of its affairs. There are 20 acres of land connected with it, for walks and pleasure grounds, and it contains 145 patients. Dr. Wm. A. Stokes is at the head of the medical staff. At his visits, one of the sisters goes the rounds with him, carrying a book, and a record is made of the condition and wants of the several patients, after which she makes up the prescriptions if any are necessary, and attends to this ministration.

A ROOM FOR MISS DIX—The Tennessee Hospital for the Insane, near Nashville, has set aside, on the floor accommodating physicians' private apartments, of its centre building, "a neatly furnished room for Miss Dix, whenever it shall comport with her convenience to visit the institution." Miss Dix was instrumental in the establishment of the hospital, having memorialized the Tennessee Legislature upon the subject during a visit in 1847. Her efforts were successful, and the Hospital was opened for the reception of patients in March, 1852.

Dr. W. S. Chipley was appointed, this April past, to the place of Superintendent, at the Eastern Lunatic Asylum at Lexington, Ky., the nation's second oldest state asylum, which will celebrate the thirty-first anniversary of its opening this month.

The Western Lunatic Asylum, Hopkinsville, Ky., the second institution for the care and cure of the insane erected by the state of Kentucky, and which was opened for the reception of patients on Nov. 1st, 1854, has already received over one hundred patients.

INSANITY AMONG IMMIGRANTS:—In the Annual Report of the New York City Insane Asylum, at Blackwell's Island, N.Y., Dr. M. H. Ranney, the Resident Physician, notes that one hundred of the four hundred and eighty-six patients admitted into the institution during the year past were immigrants. In reference to the latter, Dr. Ranney remarks:

"A large portion of the recent immigrants recover, the derangement of mind being generally produced by privations on shipboard, and the changes necessarily incident on arriving in a strange land. Their exposures and sufferings are occasionally very great in crossing the Atlantic, and in a few the aberration of intellect has seemed to depend entirely on the want of sufficient nourishment."

VERANDAS AT MISSOURI ASYLUM —a series of verandas was recently added to the two dormitory wings of the main building of the Missouri State Lunatic Asylum, at Fulton. This institution was opened three years ago this month, and has accommodations for one hundred patients.

PRIVATE ASYLUM PLANNED IN MD. —A new hospital for the insane is projected in Maryland to be known as "The Sheppard Asylum." A philanthropic gentleman, Mr. Moses Sheppard, has incorporated himself and his friends to be the Trustees of this prospective Asylum which is to be created by the use of income from the funds of his estate.

Mr. Sheppard wisely announces that he is to conduct a contest for architects to plan suitable buildings, and the Trustees will shortly send Dr. D. Tilden Brown, now Medical Superintendent at Bloomingdale Asylum, to study institutions for the insane in England and Continental Europe.

Mr. Sheppard has long been of the opinion, that by an increased expenditure of means for more extensive accommodations and attendance, many persons who have been placed in Hospitals might have been cured, but who, from being too much isolated, and confined within narrow limits had become hopelessly insane. "The increased cost of preparation and attendance will limit the number of patients," he declares. "My desire is, *all for use, nothing for ornament, The Farmhouse Style,* fire proof as far as practicable, a small and expensive Institution, I mean, that each patient shall have an attendant, when it may appear useful: *an experimental establishment, first,* for the poor of the Society (of Friends), —*Secondly,* for such of the Society as are able to pay, —and then, for the poor indiscriminately. *My leading purpose, is, to found an Institution to carry forward and improve the ameliorated system of treatment of the Insane, irrespective of expense.*

"The Trustees will bear in mind, that it is the Income, not the Principal of the Estate, that is to sustain the Institution. They will therefore, see the necessity of diminishing the Income, as little as is consistent with a true economy, by avoiding all unnecessary expenditure of the principal in the purchase of land, and the erection of buildings for the Asylum. Let all that is done, be for *use* strictly, and not for show.

"One thing, I will mention particularly:—let all the cells and rooms for the patients be *above ground,* and let there be a window: communicating from each room into each adjoining room, so that a person, in each room, can see into the rooms on each side of him."

THE HISTORICAL DEVELOPMENT OF ASYLUMS IN CANADA—Among the four Provinces of Canada, the first separate accommodation for insane persons was provided in 1836, at Saint John, New Brunswick, when a small facility, originally built for the accommodation of cholera victims, was appropriated as a shelter for the insane poor of that province. In 1847, an act was passed establishing a provincial asylum which was constructed at nearby Lancaster. In its neighboring province of Nova Scotia, a statute was passed three years ago, in 1852, as the result of a memorial to the provincial legislature, by Miss Dix, which empowered the Governor-in-Council to erect a lunatic asylum. A suitable site was selected by Miss Dix, at Dartmouth, and the asylum, which is still in the process of construction, is expected to be open within the next three years. At present in this province, the insane are lodged in the lunatic ward of the provincial and City Poors' Asylum, in Halifax. The plan and specifications of the new asylum at Dartmouth were prepared by Dr. C. H. Nichols, who has patterned the architecture after that of his own institution, the new Government Hospital for the Insane, in Washington, D. C.

While the insane were gradually being provided for in the two Atlantic provinces, similar steps were being undertaken in Canada East and Canada West. In Canada East, as early as 1801, the government had assumed the costs of maintaining the insane kept in the general hospitals operated by religious orders in Quebec and Montreal. A commission was appointed to administer the payments and to submit annual reports to the government. Ten years ago, in 1845, the provincial government contracted with three physicians to treat patients in a provisional asylum, at Beauport, in the vicinity of Quebec. The facilities there were not entirely satisfactory, however, and in 1850, the Beauport patients were transferred to the new Quebec Lunatic Asylum, which also was one of the fruits of Miss Dix's labors. Canada West enacted legislation authorizing the construction of an asylum for the reception of insane persons, in 1839. The Provincial Lunatic Asylum was established five years ago, at Toronto, and already is overcrowded by nearly fifty per cent, having 370 inmates, whereas its facilities were intended for 250 persons.

The Legislature has made an appropriation for the commencement of an extension of the building, by the erection of its wings; on the completion of which, its capacity of accommodation will be somewhat greater than that of the State Asylum at Utica. It is expected that the provincial government will soon be in a position to convert the military barracks, in London, Ontario, into a provisional asylum, for the accommodation of the insane of that rapidly growing portion of the western province. A separate asylum for criminal lunatics, at Kingston, will soon be opened, to which patients of that class, formerly confined in the asylums at Quebec and Toronto, will be transferred.

While, properly speaking, not part of Canada, being colonies in their own right, it is not inappropriate to make brief mention here of provision for the insane in Newfoundland and Prince Edward Island. In the former, the asylum for pauper lunatics was opened last year, and in the latter, a hospital for the insane was built by the province, in 1845, at Brighton Shore, Charlottetown.

Demonstration of Idiot Instruction: The subject of idiot instruction has recently been introduced, in a most interesting manner, to the notice of the Legislature of Ohio, by Dr. Wilbur, Superintendent of the New York State Asylum for Idiots. He detailed to that body and the citizens of Columbus the mode of instruction adopted, and demonstrated the astonishing progress in re-claiming these unfortunates from their moral and intellectual darkness, by an exhibition of two pupils who had been under his management about four years. They had been selected from a class presenting the least hope of improvement; they were, when first placed under tuition, respectively six and eight years of age, driveling and helpless, unable to talk, making only inhuman sounds, unable to walk, from partial paralysis, apparently knowing nothing, even the hand from the foot. Their proficiency had been such, that they exhibited a better knowledge of spelling, writing, geography, grammar, and arithmetic than many children taught in the best schools, for only that period, and commencing with the alphabet.

Dr. Wilbur's demonstration was presented in the hope that the Legislature of Ohio will take the initiative step in behalf of similarly unfortunate individuals in that state.

J. P. Litchfield, M.D., has been appointed Medical Superintendent of the Hospital for Insane Convicts, to be opened soon at Kingston, Canada West.

Dr. J. W. Barstow has recently undertaken medical supervision of Sanford Hall, a private establishment for the care of the insane, located at Flushing, L. I., New York.

McLean Asylum for the Insane —Dr. Luther V. Bell, for nineteen years physician and superintendent of the McLean Asylum for the Insane of the Massachusetts General Hospital, announces that he will not be a candidate for re-election and has indeed made his arrangements to retire to a spot not far distant from the institution which he has served so faithfully, under a superintending Providence, for so long.

"The experience of the nineteen years since I was called unexpectedly to the superintendence of the McLean Asylum . . . has not passed, I trust, without adding something to the common stock of knowledge of the treatment, moral and medical, in insanity," Dr. Bell wrote in his report to the Trustees. "The experience of this institution, almost the earliest of the curative hospitals of the land, has been most freely shared with those which have been added successively to the long roll now extending from Maine to California. Christianity can hardly show a mightier triumph than the fact, that, since the brief date just named, the number of hospitals for the insane, in the United States, has increased from half a dozen to between forty and fifty, and the accommodations for patients have risen from about five hundred to between ten and eleven thousand. Even the four larger British Provinces adjoining us have caught the influence of our zeal, and each one of them has, during that period, provided itself with a large and well furnished institution, essentially upon our models."

The influence of Dr. Bell, one of the founders of the American Association of Medical Superintendents of Hospitals for the Insane, and its President since 1851, has been greatly instrumental in the improved conditions he mentions. He was appointed to his present position in 1836, eighteen years after the McLean Asylum was opened.

Provincial Lunatic Asylum, N. B. —Dr. Waddell, the Superintendent of the Provincial Lunatic Asylum at Saint John, New Brunswick, has reported that the operations of the institution are much embarrassed by the unfinished state of the building. A visit was made by Dr. Waddell, last spring, to several of the larger institutions for the insane in the northern part of the United States, the object of which was to observe their architectural arrangements, and general organization and management.

New Asylum Proposed in New York—A bill is now pending in the Legislature of the State of New York for the location of a second State Lunatic Asylum. At the last meeting of the State Medical Society, held at Albany in February last, the society adopted a resolution urging the Legislature to pass the measure.

A report submitted to the New York legislature this year shows that there are about 2,123 insane paupers in this state, and that only 296 of these unfortunates are being cared for in the Utica asylum. The rest, for the most part, are in prisons and almshouses.

This year, the county superintendents of the poor of New York met at Utica and passed the following resolutions:—

1. *Whereas,* it is already conceded, and has been adopted as the policy of this State, that insanity is a disease requiring, in all it forms and stages, special means for treatment and care: therefore,

Resolved, That the State should make ample and suitable provision for all its insane not in a condition to reside in private families.

Resolved, That no Insane person should be treated, or in any way taken care of, in any county poor house or almshouse or other receptacle provided for, and in which, paupers are maintained or supported.

Resolved, That insane persons considered curable and those supposed incurable should not be provided for in separate establishments. . . .

Resolved, First, that the present provision for the insane of the state is defective and inadequate. Second, That their present condition demands immediate attention and relief. Third, That the relief should be commensurate with the demand.

It is to be hoped that out of this meeting and from these philanthropic and pious declarations will result the immediate erection of two more state lunatic hospitals, so located that they may accommodate the large number of insane at present unprovided for.

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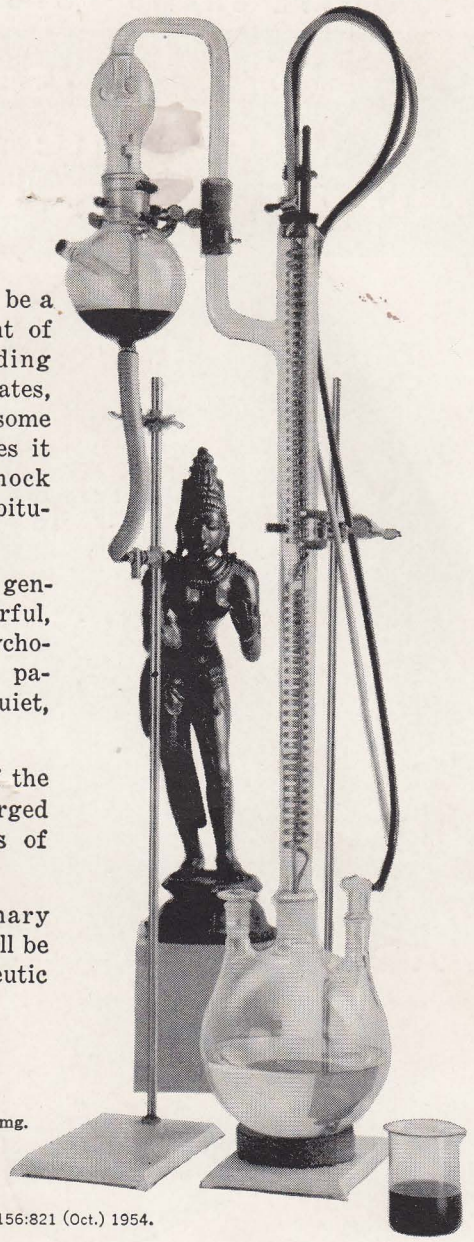
Serpasil produced remissions in 20 of the 74 patients studied. Eight were discharged from the hospital. Long-term effects of treatment have not been determined.

If extended studies confirm preliminary findings, the authors state, Serpasil will be one of the most important therapeutic agents in the history of psychiatry.



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1. Noce, R. H., Williams, D. B., and Rapaport, W.: J. A. M. A.: 156:821 (Oct.) 1954.

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